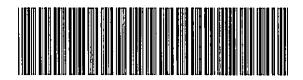
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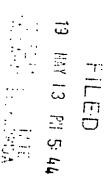
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
`	,	•		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
		 		
(Document Number)				
Certified Copies	Certificates	of Status		
	_			
Special Instructions to Filing Officer:				

Office Use Only



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O SIMMONS

COVER LETTER

TO:	D: Registration Section Division of Corporations					
SUBJE	ECT:	PHYSICAL THERAPIES-PINELLAS PARK				
	Name of Lim	ited Liability Company				
Dear Si	Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Jacob	o Sager					
	Name of Person					
OPTIMAL PERFORMANCE AND PHYSICAL THERAI						
	Firm/Company					
8200	BRYAN DAIRY ROAD, SUITE 150					
	Address					
Largo	o, FL 33777					
	City/State and Zip Code					
rpatte	erson@theoppt.com					
Е	-mail address: (to be used for future annual repor	t notification)				
For fur	ther information concerning this matter, please ea	all: 565 0312				
_lacob	Segret : 4	27 565 0312)				
	Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314				
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company: OPTIMAL PE	RFORMAN	ICE AND PHYSICAL THERAPIES-PINE
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8200 BRYAN DAIRY ROAD, SUITE 150		
	Largo, FL 33777		
	05/12/2014	L14	000076781
3.	Date of filing/registration in Florida	4.	Document number.
5. (a))		_
, ,	Registered Agent and Registered Office shown on the records of PATTERSON, ROBERT L	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	6023 Hammock Woods Drive		
	Odessa .FL	33556	
(b)	Jacob Sager		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	8200 BRYAN DAIRY ROAD, SUITE 150		
	NEW Registered Office Address:		> G
	Largo FI.	33777	
the cha agent i was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered ability compai of the limited l	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
1/	20/2	Jacob S	Sager
Signa	ature of member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d in writing of this change	nertornance	of my duties, and Lom familiar with and accep
Signati	ure of Registered Agent		