

MO7000000277

**Physiotherapy  
Associates**

Whiteland Business Park  
855 Springdale Drive, Suite 200  
Exton, PA 19341

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

MO7-277

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900137170889

11/03/08--01024--001 \*\*35.00

FILED  
08 NOV 17 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2008

PHYSIOTHERAPY ASSOCIATES  
WHITELAND BUSINESS PARK  
855 SPRINGDALE DRIVE, SUITE 200  
EXTON, PA 19341

SUBJECT: PHYSIOTHERAPY ASSOCIATES HOME REHABILITATION, LLC  
Ref. Number: M07000000277

We have received your document for PHYSIOTHERAPY ASSOCIATES HOME REHABILITATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 508A00056062

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Physiotherapy Associates Home Rehabilitation, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maureen Fitzpatrick

(Name of Person)

Physiotherapy Associates

(Firm/Company)

855 Springdale Drive, Suite 200

(Address)

Exton, PA 19341

(City/State and Zip Code)

For further information concerning this matter, please call:

Maureen Fitzpatrick

(Name of Person)

at ( 610 ) 884-4812

(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      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

Physiotherapy Associates Home Rehabilitation, LLC

(Name of limited liability company)

Delawar

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

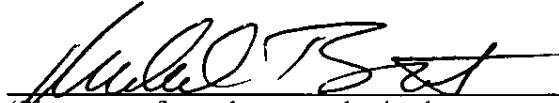
855 Springdale Drive, Suite 200

(Mailing address)

Exton, PA 19341

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Richard Binstein

(Typed or printed name of signee)

**FILED**  
08 NOV 17 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**