

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M09000001569

**FILED**  
**Oct 21, 2010**  
**Secretary of State**

**Entity Name:** MAGNOLIA PEDIATRIC THERAPY, LLC

**Current Principal Place of Business:**

340 W 23 STREET  
SUITE H  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

340 W 23 STREET  
SUITE H  
PANAMA CITY, FL 32405

**New Mailing Address:**

8404 SURF DRIVE  
SUITE A  
PANAMA CITY BEACH, FL 32408

**FEI Number:** 58-2245316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GAULT, GARY  
340 W 23 STREET  
SUITE H  
PANAMA CITY, FL 32405 US

**Name and Address of New Registered Agent:**

GAULT, GARY  
8404 SURF DRIVE  
SUITE A  
PANAMA CITY BEACH, FL 32408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY GAULT

10/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GAULT, GARY  
Address: 8404 SURF DRIVE, SUITE A  
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GARY GAULT

MGRM

10/21/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date