

FROM G. F. BUSINESS SERVICES

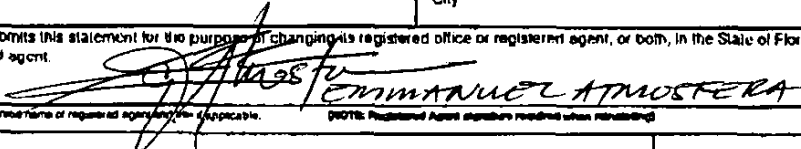
(TUE) OCT 10 2006 16:29/ST. 16:28/No. 6660631842 P 3

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

2006 OCT 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064513					
1. Entity Name PALM BEACH INTERNATIONAL PHYSICAL THERAPY, INC.					
Principal Place of Business 301 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435			Mailing Address 301 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1838627	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATMOSFERA, EMMANUEL 301 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  EMMANUEL ATMOSFERA 10/10/06 Signature, word or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
9. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition	400080778814	
NAME	ATMOSFERA, EMMANUEL	NAME		10/12/06--01049--005 **758.75	
STREET ADDRESS	301 W BOYNTON BEACH BLVD	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	ATMOSFERA, MARIA RITA	NAME			
STREET ADDRESS	301 W BOYNTON BEACH BLVD	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer who is empowered.					
SIGNATURE:  EMMANUEL ATMOSFERA 10/10/06 561-252-2567 Signature and typed or printed name of officer or director on corporation Date Daytime Phone					