

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000037844

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** INNERCONNECTIONS PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

5633 STRAND BLVD.  
SUITE 310  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

5633 STRAND BLVD.  
SUITE 310  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 05-0467781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STAHLMAN, II, FREDERICK B  
8089 TAUREN CT.  
NAPLES, FL 34119 US

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

STAHLMAN,, FREDERICK B II  
8089 TAUREN CT.  
NAPLES, FL 34119 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: FREDERICK B. STAHLMAN II

01/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: STAHLMAN, FREDERICK B II  
Address: 8089 TAUREN CT  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FREDERICK B STAHLMAN II

PRES

01/24/2012

Electronic Signature of Signing Officer or Director

Date