2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 05, 2008
Secretary of State

DOCUMENT# P04000096737

Entity Name: PHYSICIANS THERAPY CLINIC OF TAMPA, INC.

Current Principal Place of Business:

4601 W. KENNEDY BLVD.
102
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8747
TAMPA, FL 336748747 US

New Mailing Address:

FEI Number: 20-1287648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNCAN, ANGELA
4601 W. KENNEDY BLVD.
102
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: ANGELA DUNCAN

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANGELA, DUNCAN
Address: 4601 W. KENNEDY BLVD, #102
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGELA DUNCAN PRES 05/05/2008

Electronic Signature of Signing Officer or Director Date