

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000138627

**FILED**  
**Dec 16, 2011**  
**Secretary of State**

**Entity Name:** ALLCARE PHYSICAL THERAPY, PA

**Current Principal Place of Business:**

6703 38TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

6703 38TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 20-3586249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURKART, KEVIN M  
6528 CENTRAL AVENUE  
SUITE A  
ST. PETERSBURG, FL 33707 US

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

BURKART, KEVIN M  
5301 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710 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: KEVIN BURKART

12/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLIFFORD, RUSSELL J  
Address: 3426 OVERLOOK DRIVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: V  
Name: HUGHES, GREG G  
Address: 16115 4TH STREET EAST  
City-St-Zip: REDINGTON BEACH, FL 33708

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: RUSS CLIFFORD

PRES

12/16/2011

Electronic Signature of Signing Officer or Director

Date