

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000083145

**FILED**  
**Dec 08, 2010**  
**Secretary of State**

**Entity Name:** BLESSED HANDS PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

360 NE 163 STREET  
NORTH MIAMI BEACH, FL 333162

**New Principal Place of Business:**

**Current Mailing Address:**

360 NE 163 STREET  
NORTH MIAMI BEACH, FL 333162

**New Mailing Address:**

360 NE 163 STREET  
NORTH MIAMI BEACH, FL 333162

**FEI Number:** 20-5058841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAYUNGBE, ALBERT A  
2967 SW 161 AVENUE  
MIRAMAR, FL 33027 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:** ALBERT A. MAYUNGBE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** AZINORD, JEAN Y  
**Address:** 360 NE 163 STREET  
**City-St-Zip:** NORTH MIAMI BEACH, FL 333162

**Title:** VP  
**Name:** BOZIL, EUNICE  
**Address:** 10930 NW 14 AVENUE, APT A44  
**City-St-Zip:** MIAMI, FL 333167

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:** JEAN Y AZINORD

P

12/08/2010

Electronic Signature of Signing Officer or Director

Date