2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000108911

Entity Name: D M PHYSICAL THERAPY SERVICES, INC.

FILED Oct 30, 2008 Secretary of State

| Current Principal Place of Business: 1140 W 28TH ST HIALEAH, FL 33010 | New Principal Place of | Business: |
|--|---|-----------------------------------|
| Current Mailing Address: | New Mailing Address: | |
| 1140 W 28TH ST HIALEAH, FL 33010 | | |
| FEI Number: 20-5436593 FEI Number Applied For () FEI N | umber Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | Name and Address of New Registered Agent: | |
| MARTINEZ, DANIEL 1140 W 28TH ST HIALEAH, FL 33010 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: DANIEL MARTINEZ | | |
| 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: | ADDITIONS/CHANGES | TO OFFICERS AND DIRECTORS: |
| Title: PSTD () Delete Name: MARTINEZ, DANIEL Address: 1140 W 28TH ST City-St-Zip: HIALEAH, FL 33010 | Title: () Name: Address: City-St-Zip: | Change () Addition |

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: DANIEL MARTINEZ PSTD 10/30/2008