

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000144248

FILED
Oct 05, 2007
Secretary of State

Entity Name: LOCAL QUALITY CARE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

4775 N.E. 8TH. COURT
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

4775 N.E. 8TH. COURT
OCALA, FL 34479

New Mailing Address:

FEI Number: 20-5894579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRIENTOS, EFREN
4775 N.E. 8TH. COURT
OCALA, FL 34479 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: EFREN BARRIENTOS

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: PRES () Delete
Name: BARRIENTOS, EFREN
Address: 4775 N.E. 8TH COURT
City-St-Zip: OCALA, FL 34479

Title: V.P. () Delete
Name: BARRIENTOS, NOREEN
Address: 4475 N.E 8TH COURT
City-St-Zip: OCALA,, FL 34479

Title: SEC. () Delete
Name: BARRIENTOS, NOREEN
Address: 4475 N.E 8TH COURT
City-St-Zip: OCALA, FL 34479

Title: TREA () Delete
Name: BARRIENTOS, NOREEN
Address: 4475 N.E. 8TH COURT
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: EFREN BARRIENTOS

PRES

10/05/2007

Electronic Signature of Signing Officer or Director

Date