

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000045055

**FILED**  
**Oct 08, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED PHYSICAL THERAPY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

5036 SE 110 ST UNIT 101 & 102  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

303 SE 17TH STREET  
#309-217  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 20-8813056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** LESTER HAMMOND III

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** HAMMOND, LESTER A III  
**Address:** 303 SE 17 ST, #309-217  
**City-St-Zip:** OCALA, FL 34471

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:** LESTER HAMMOND III

CEO

10/08/2012

Electronic Signature of Signing Officer or Director

Date