

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000099487

**FILED**  
**Oct 21, 2010**  
**Secretary of State**

**Entity Name:** ELITE PHYSICAL THERAPY & REHAB, INC.

**Current Principal Place of Business:**

4166 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

4166 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

PO BOX 494857  
PORT CHARLOTTE, FL 33949 US

**FEI Number:** 27-1461478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANE, DANIEL A  
4166 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 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:** DANIEL LANE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P, D  
**Name:** MUPPAVARAPU, RAJAKUMARI  
**Address:** 4166 TAMIAMI TRAIL  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

**Title:** S, T  
**Name:** MUPPAVARAPU, RAJAKUMARI  
**Address:** 4166 TAMIAMI TRAIL  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

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:** RAJAKUMARI MUPPAVARAPU

P, D

10/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date