

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000039562

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** MIAMI PHYSICAL THERAPY CORP

**Current Principal Place of Business:**

2016 BAY DR PH 905  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

2016 BAY DR PH 905  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 27-2549068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIRALLES BLANCA, MARILYN  
2016 BAY DR PH 905  
MIAMI BEACH, FL 33141 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:** MARILYN MIRALLES BLANCA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MIRALLES BLANCA, MARILYN  
**Address:** 2016 BAY DR PH 905  
**City-St-Zip:** MIAMI BEACH, FL 33141

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:** MARILYN MIRALLES BLANCA

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03/07/2012

Electronic Signature of Signing Officer or Director

Date