

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000103328

**FILED**  
**Jun 15, 2012**  
**Secretary of State**

**Entity Name:** WOOLBRIGHT PHYSICAL THERAPY INC.

**Current Principal Place of Business:**

2015 OCEAN DRIVE  
SUITE 1  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

2015 OCEAN DRIVE  
SUITE 1  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 65-0882403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YBANEZ, RAY  
2015 OCEAN DRIVE  
SUITE 1  
BOYNTON BEACH, FL 33426 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:** RAY YBANEZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** YBANEZ, RAY  
**Address:** 2015 OCEAN DRIVE SUITE 1  
**City-St-Zip:** BOYNTON BEACH, FL 33426

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:** RAY YBANEZ

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

DR

06/15/2012

\_\_\_\_\_  
Date