2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2009
Secretary of State

DOCUMENT# P99000030818

Entity Name: ADVANCED PHYSICAL THERAPY & REHAB, INC.

Current Principal Place of Business:

2337 S US 1
FORT PIERCE, FL 34982

New Principal Place of Business:

900 VIRGINIA AVE
SUITE 2
FORT PIERCE, FL 34982

Current Mailing Address:

2337 S US 1
FORT PIERCE, FL 34982

New Mailing Address:

900 VIRGINIA AVE
SUITE 2
FORT PIERCE, FL 34982

FEI Number: 65-0910162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLESKY, THERESA
3737 OUTRIGGER COURT
FT. PIERCE, FL 34946 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: THERESA T SOLESKY
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: MRS. ( ) Delete
Name: SOLESKY, THERESA T
Address: 3737 OUTRIGGER COURT
City-St-Zip: FT. PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THERESA T SOLESKY PRES 11/03/2009
Electronic Signature of Signing Officer or Director Date