2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2016
Secretary of State
CR6981338277

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Entity Name: 1ST CHOICE CHIROPRACTIC CENTER, LLC.

Current Principal Place of Business:

6100 SOUTH ORANGE AVENUE
UNIT C-170
ORLANDO, FL 32809

Current Mailing Address:

6100 SOUTH ORANGE AVENUE
UNIT C-170
ORLANDO, FL 32809

FEI Number: 47-4495574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURRAY, LISA E DC
6100 SOUTH ORANGE AVENUE
UNIT C-170
ORLANDO, FL 32809 US

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: LISA E MURRAY 10/21/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	DR MURRAY, LISA E DC
Address	6100 S ORANGE AVE UNIT 170
City-State-Zip:	ORLANDO FL 32809

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR MURRAY , LISA E , DC MANAGER 10/21/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date