

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000149173

Entity Name: ALIGN SPINAL HEALTH AND WELLNESS, LLC

Current Principal Place of Business:

13710 METROPOLIS AVE
104
FORT MYERS, FL 33912

Current Mailing Address:

8837 FAWN RIDGE DR.
FORT MYERS, FL 33912 US

FEI Number: 81-3749865

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HUFFMAN, BRIAN E
13710 METROPOLIS AVE
104
FORT MYERS, FL 33912 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: BRIAN E HUFFMAN

10/05/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	HUFFMAN, BRIAN	Name	HUFFMAN, ELIZABETH A
Address	8837 FAWN RIDGE DR.	Address	8837 FAWN RIDGE DR.
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912

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: BRIAN HUFFMAN

OWNER

10/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date