2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# A04000001819

Entity Name: CHIROPRACTIC MANAGEMENT, LLLP

Current Principal Place of Business:

C/O CLARK V. MONAHAN
419 ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

C/O CLARK V. MONAHAN
419 ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-1901480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., STE. 485 SOUTH
HOLLYWOOD, FL 33021 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: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #:
Name: MONAHAN, CLARK V
Address: 419 ANASTASIA BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080
Document #:
Name: MONAHAN, MARTIN M
Address: 419 ANASTASIA BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MARTIN MONAHAN PART 10/09/2006

Electronic Signature of Signing General Partner Date