

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
L01000004003
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

FILED

03 FEB 26 PM 12:33

1. DOCUMENT # L01000004003

Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0006013 01 FP 0.352 **PRSR T8 0 0615 34239-641536



BEE RIDGE CHIROPRACTIC CENTER, L.L.C.
 2636 BEE RIDGE ROAD
 SARASOTA FL 34239-6415



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2636 BEE RIDGE ROAD SARASOTA FL 34239		5. Date Organized or Qualified To Do Business in Florida 03/12/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent GERRITY, THOMAS E 1900 MAIN STREET, SUITE 201 SARASOTA FL 34236		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>Thomas E Gerrity</i> Date <u>2/24/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DARREN JAMES EDMONDS, DC	2636 BEE RIDGE ROAD	SARASOTA, FL 34239
			900013142039 02/26/03--01066--009 **200.00
			900013142039 02/26/03--01066--010 **5.00
REINSTATEMENT <u>02-03</u>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Darren James Edmonds, DC

Date

2-24-03

Daytime Phone #

941-921-4555

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)