

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

L01000021907

AND
FILED

02 NOV 20 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021907

Name and Mailing Address

0010900 01 FP 0.352 **PRSR H2 0 0615 32836-587617

10717 EMERALD CHASE DRIVE

NATIONAL BACK CARE, LLC

10717 EMERALD CHASE DRIVE

SUITE B

ORLANDO FL 32836-5876

US



CR2E084 (8/02)

2. New Mailing Address

6001 VINELAND RD. - SUITE 111

City, State, Zip
ORLANDO, FL 32819

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/17/2001

Principal Place of Business

10717 EMERALD CHASE DRIVE
SUITE B
ORLANDO FL 32836
US

3. New Principal Place of Business Address

6001 VINELAND RD. - SUITE 111

City, State, Zip
ORLANDO, FL 32819

6. FEI Number

80-0023947

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

WEAVER, RICHARD A
10717 EMERALD CHASE DRIVE
ORLANDO FL 32836

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100008832481

11/06/02--01090--023 **150.00

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 *Richard A. Weaver*

Date 11-28-02

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
Pres. & CEO	RICHARD A. WEAVER	10717 EMERALD CHASE DR	ORLANDO, FL 32836

REINSTATEMENT 2002

TB

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

Richard A. Weaver

Date 11-18-02

Daytime Phone # 407-363-1878

Typed or printed name of signing Managing Member/Manager

RICHARD A. WEAVER