

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000024258

FILED
Nov 07, 2007
Secretary of State

Entity Name: TREASURE COAST INJURY AND WELLNESS CENTRE, P.L.

Current Principal Place of Business:

778 SOUTH US ONE
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

778 SOUTH US ONE
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 90-0047572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD.
SUITE A210
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

GRIFFIN, SHANNON A DR.
778 S US HWY 1
VERO BEACH, FL 32962 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: DR. SHANNON A GRIFFIN

11/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRIFFIN, SHANNON A DR
Address: 778 SOUTH US ONE
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DR. SHANNON A GRIFFIN

MGRM

11/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date