

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000011416

**FILED**  
**Oct 18, 2006**  
**Secretary of State**

**Entity Name:** ADVANCED CHIROPRACTIC OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

20 S. BROAD STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

6133 LAKE WORTH RD  
GREENACRES, FL 33463

**Current Mailing Address:**

20 S. BROAD STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

6133 LAKE WORTH RD  
GREENACRES, FL 33463

**FEI Number:** 54-2103465      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLORIDA & OFFSHORE BUSINESS FORMATION, INC  
20 S. BROAD STREET  
BROOKSVILLE, FL 34601      US

**Name and Address of New Registered Agent:**

MILLER, LOUIS  
6133 LAKE WORTH RD  
GREENACRES, FL 33463      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: LOUIS MILLER

10/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MILLER, LOUIS  
Address: 20 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: MGRM      ( ) Delete  
Name: MILLER, MILTON  
Address: 20 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: MILLER, LOUIS  
Address: 6133 LAKE WORTH RD  
City-St-Zip: GREENACRES, FL 33463

Title: MGRM      (X) Change      ( ) Addition  
Name: MILLER, MILTON  
Address: 6133 LAKE WORTH RD  
City-St-Zip: GREENACRES, FL 33463

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 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: LOUIS MILLER

MGRM

10/18/2006

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