

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000013625

FILED
Oct 19, 2009
Secretary of State

Entity Name: FAMILY FIRST CHIROPRACTIC, LLC

Current Principal Place of Business:

28340 TRAILS EDGE BLVD., G3
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

28340 TRAILS EDGE BLVD., G3
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-2536541 **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:

Name and Address of New Registered Agent:

MILLER, JOEL DR
21857 RAINBOW LAKE CT.
ESTERO, FL 33928 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. JOEL MILLER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MILLER, KAREN S
Address: 28340 TRAILS EDGE BLVD. G3
City-St-Zip: BONITA SPRINGS, FL 34134 US

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

Title: MGR () Delete
Name: MILLER, JOEL S DR.
Address: 21857 RAINBOW LAKE CT
City-St-Zip: ESTERO, FL 33928 US

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: KAREN MILLER

MGR

10/19/2009

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