2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000040882

Entity Name: ALL FAMILY CHIROPRACTIC CENTER, L.L.C.

FILED Oct 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5509 SUNCREEK COURT 1221 W COLONIAL DR ORLANDO, FL 32839 ORLANDO, FL 32804

Current Mailing Address: New Mailing Address:

5509 SUNCREEK COURT 4913 LEPRECHAUN WAY ORLANDO, FL 32839 ORLANDO, FL 32808

FEI Number: 56-2420548 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:

MORRISON, CHRISTOPHER H ESQ 7100 SOUTH U.S. HIGHWAY 17-92 4913 LEPRECHAUN WAY FERN PARK, FL 32730 US ORLANDO, FL 32808 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: LOUISIUS GESNER 10/12/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 LOUISIUS, GESNER
 Name:
 LOUISIUS, GESNER

 Address:
 PO BOX 555545
 Address:
 4913 LEPRECHAUN WAY

 City-St-Zip:
 ORLANDO, FL 32855
 City-St-Zip:
 ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUISIUS GESNER MGR 10/12/2004