

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000040882

FILED
Feb 08, 2006
Secretary of State

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

Current Principal Place of Business:

1221 W COLONIAL DR
ORLANDO, FL 32804

New Principal Place of Business:

5020 SILVER STAR RD
ORLANDO, FL 32808

Current Mailing Address:

4913 LEPRECHAUN WAY
ORLANDO, FL 32808

New Mailing Address:

5020 SILVER STAR RD
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:

LOUISIUS, GESNER
4913 LEPRECHAUN WAY
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

LOUISIUS, GESNER
5020 SILVER STAR RD
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: GESNER LOUISIUS

02/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOUISIUS, GESNER
Address: 4913 LEPRECHAUN WAY
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOUISIUS, GESNER
Address: 5020 SILVER STAR RD
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 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: GESNER LOUISIUS

MGR

02/08/2006

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