

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000009681

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** SYNERGY CHIROPRACTIC OF PSL, LLC

**Current Principal Place of Business:**

1117 SW DEL RIO BLVD.  
PT. ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX #4544  
FT. PIERCE, FL 34948

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

MEIDEL, JAMES DC  
1117 SW DEL RIO BLVD.  
PT. ST. LUCIE, FL 34953 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: JAMES MEIDEL DC

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PVPT ( ) Change (X) Addition  
Name: MEIDEL, JAMES DC  
Address: 1117 SW DEL RIO BLVD.  
City-St-Zip: PT. ST. LUCIE, FL 34953 US

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: JAMES MEIDEL DC

PVPT

04/25/2006

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