

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000016854

FILED
Oct 06, 2006
Secretary of State

Entity Name: ACCUSPINA HEALTH CLINIC, LLC

Current Principal Place of Business:

3015 POWELL ST.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21093
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 84-1672976 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

PUNYANIYAMA, NAPA WAN PH.D.
1112 CARISSA DRIVE
TALLAHASSEE, FL 32308 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: NAPA WAN PUNYANIYAMA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASE, GILBERT PH.D.
Address: P.O. BOX 21093
City-St-Zip: TALLAHASSEE, FL 32316

ADDITIONS/CHANGES:

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

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: GILBERT CASE

MGR

10/06/2006

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