## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000095036

City-St-Zip:

NEW SMYRNA BEACH, FL 32168

Entity Name: UNITED CHIROPRACTIC CLINIC CTR, LLC

FILED May 27, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 612 PALMETTO STREET NEW SMYRNA BEACH, FL 32168 **Current Mailing Address: New Mailing Address:** 612 PALMETTO STREET NEW SMYRNA BEACH, FL 32168 FEI Number: 20-3534831 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NAGRANI, MARK 612 PALMETTO STREET NEW SMYRNA BEACH, FL 32168 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: MARK NAGRANI Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete THE NICOLE NAGRANIII, RREVOCABLE TRUST Name: Name: 612 PALMETTO STREET Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: THE MARK K NAGRANI I, RREVOCABLE TRUST Name: Address: 612 PALMETTO STREET Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition FARRELL & ASSOCIATES, , P.A. Name: Name: Address: 612 PALMETTO STREET Address:

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.

City-St-Zip:

SIGNATURE: MARK NAGRANI PRES 05/27/2008