2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jul 13, 2009
Secretary of State

DOCUMENT# L05000122614

Entity Name: VELOCITY CHIROPRACTIC & REHAB, PLLC

Current Principal Place of Business:

5151 SOUTH LAKELAND DRIVE
SUITE 6
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

5151 SOUTH LAKELAND DIRVE
SUITE 6
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 56-2547772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZAMZOW, JOSEPH A
5151 SOUTH LAKELAND, DRIVE
SUITE 6
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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: JOSEPH A. ZAMZOW

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ZAMZOW, JOSEPH A
Address: 7702 BRIAN LOOP
City-St-Zip: LAKELAND, FL 33810 US

Title: MGRM (X) Delete
Name: MAJETTE, MICHAEL S
Address: 1501 GRASSLANDS BOULEVARD #39
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ZAMZOW, JOSEPH A
Address: 5151 SOUTH LAKELAND DRIVE
City-St-Zip: LAKELAND, FL 33813 US

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

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.

SIGNATURE: JOSEPH A. ZAMZOW CEO 07/13/2009

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