

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000061935

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Entity Name:** CHIROPRACTIC CARE AND REHAB CENTER, LLC

**Current Principal Place of Business:**

9250 CORKSCREW RD., SUITE 4  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

19123 VINTAGE TRACE CIRCLE  
FT. MYERS, FL 33912

**New Mailing Address:**

9250 CORKSCREW RD., SUITE 4  
ESTERO, FL 33928

**FEI Number:** 20-5022945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GIROUX, DAVID  
19123 VINTAGE TRACE CIRCLE  
FT. MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

GIROUX, DAVID W  
19123 VINTAGE TRACE CIRCLE  
FT. MYERS, FL 33912 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:** DAVID W GIROUX

10/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** GIROUX GREEN, MICHELLE M D.C.  
**Address:** 13888 CLETO DR  
**City-St-Zip:** ESTERO, FL 33928

**Title:** MGR ( ) Delete  
**Name:** GREEN, CHRISTOPHER M D.C.  
**Address:** 13888 CLETO DR  
**City-St-Zip:** ESTERO, FL 33928

**ADDITIONS/CHANGES:**

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

**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:** MICHELLE GIROUX GREEN

MGR

10/31/2008

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