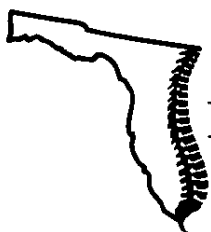


L06000064134



**SPINAL
DECOMPRESSION
CENTERS**

of Central Florida

295 Waymont Ct, Ste 101, Lake Mary, FL 32746
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN - 2 2008

EXAMINER

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Spinal Decompression Centers of Central Florida LLC
2. The mailing address of the limited liability company is : 1890 Semoran Blvd., Suite 251.
Winter Park, FL 32782
3. Date of filing/registration in Florida 6/26/2006
4. Document number L06000064134

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Brent Williams
Name
21480 Horse Ranch Rd.
Address
Mt. Dora, FL 32757
City, State and Zip

6. The name and address of the new registered agent and/or office:

Marc Ott, DC
Name
57 Alafaya Woods Blvd.
Florida street address (P.O. Box NOT acceptable)
Oviedo FL 32765
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

MARC OTT DC
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00