2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000103503

Name:

Address:

City-St-Zip:

Entity Name: VOLUSIA WELLNESS & INJURY CENTER, PL

FILED Jun 16, 2008 Secretary of State

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	OODLAND BLVD. FL 32720 US	39857 HWY 27 HAINES CITY, FL 3	33844 US	
Current M	lailing Address:	New Mailing Addre	New Mailing Address:	
	OODLAND BLVD. FL 32720 US	39857 HWY 27 HAINES CITY, FL 3	33844 US	
	: 20-5768170 FEI Number Applied For (ice with s. 607.193(2)(b), F.S., the limited liabili		Certificate of Status Desired ()	
	Address of Current Registered Ager		s of New Registered Agent:	
1607 E. SI OCOEE, F The above	N, STEVEN R LVER STAR RD FL 34761 US e named entity submits this statement for e of Florida.	the purpose of changing its registe	red office or registered agent, or botl	
SIGNATUI	RE: STEVEN R HARRISON			
	Electronic Signature of Registere	d Agent	Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete HARRISON, STEVEN R 405 S. CUMBERLAND AVE. OCOEE, FL 34761 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete COLOMBO, CARLOS H 1291 BLESSING STREET MAITLAND, FL 32751 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	() Delete	Title: MGRM	() Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

BROCKMAN, PETER

504 E HENSCHEN AVENUE

OAKLAND, FL 34787 US

SIGNATURE: STEVEN R HARRISON MGRM 06/16/2008