2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000110346

Entity Name: CHIROPRACTIC LIFE CENTER, LLC

FILED Oct 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

400 BARTON BLVD., #201 400 BARTON BLVD. ROCKLEDGE, FL 32955

SUITE 201

ROCKLEDGE, FL 32955

Current Mailing Address: New Mailing Address:

400 BARTON BLVD., #201 400 BARTON BLVD.

ROCKLEDGE, FL 32955 SYUTE 201

ROCKLEDGE, FL 32955

FEI Number: 20-5885235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BISHOP, MICHAEL BISHOP, MICHAEL C 400 BARTON BLVD., #201 400 BARTON BLVD., #201 ROCKLEDGE, FL 32955 US US ROCKLEDGE, FL 32955

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: MICHAEL C. BISHOP 10/08/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change () Addition () Delete

BISHOP, MICHAEL BISHOP, MICHAEL Name: Name: Address: 400 BARTON BLVD., #201 Address: 400 BARTON BLVD., #201 City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955

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: MICHAEL C. BISHOP 10/08/2007