

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000084101

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** CHIROPRACTIC FITNESS CENTERS FL, LLC

**Current Principal Place of Business:**

9550-18 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

9435 OGLE BAY CT  
RALEIGH, FL 27617 US

**New Mailing Address:**

9550-18 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32256 US

**FEI Number:** 26-0733424 **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 Current Registered Agent:**

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST. SUITE 500  
ORLANDO, FL 32804 US

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

HALL, DANIEL G  
4096 GLENHURST DRIVE N  
JACKSONVILLE, FL 32224 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: DANIEL HALL

10/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CASTELLI, SEBASTIAN DC  
Address: 9550-18 BAYMEADOWS ROAD  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM ( ) Delete  
Name: BERNSTEIN, AMY DC  
Address: 1740-2 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32223 US

**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: SEBASTIAN CASTELLI

MGRM

10/15/2009

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