

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000111106

FILED
Oct 16, 2009
Secretary of State

Entity Name: THE CHIROPRACTIC GROUP, LLC

Current Principal Place of Business:

1140 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

1140 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974 US

New Mailing Address:

FEI Number: 74-3238318 **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:

Name and Address of New Registered Agent:

SCHINCARIOL, DEAN D
1140 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974 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: DEAN DAVID SCHINCARIOL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHINCARIOL, DEAN D
Address: 5387 SE GRAHAM DRIVE
City-St-Zip: STUART, FL 34997 US

Title: MGRM () Delete
Name: SCARNECCHIA, ROBERT W
Address: 604 SW ANCHORAGE WAY
City-St-Zip: STUART, FL 34994 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: DEAN DAVID SCHINCARIOL

MGRM

10/16/2009

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