

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000029664

FILED
Oct 01, 2009
Secretary of State

Entity Name: NORTHLAKE MEDICAL, CHIROPRACTIC AND REHABILITATION, LLC

Current Principal Place of Business:

3450 NORTHLAKE BLVD
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

3450 NORTHLAKE BLVD
LAKE PARK, FL 33403 US

New Mailing Address:

FEI Number: 26-2250063 **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:

DFS AGENT, LLC
1760 N. JOG ROAD
SUITE 150
WEST PALM BEACH, FL 33411 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: PATRICK J. DISALVO

10/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORTUNATO, DANIEL
Address: 3450 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403 US

ADDITIONS/CHANGES:

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: DANIEL FORTUNATO

MGRM

10/01/2009

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