

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000034631

**FILED**  
**Jul 26, 2012**  
**Secretary of State**

**Entity Name:** CHIROPD MEDICAL, L.L.C.

**Current Principal Place of Business:**

3594 EVANS AVENUE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3594 EVANS AVENUE  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 80-0179412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOSZ, JOSEPH R  
601 NE 22ND ST  
#43  
MIAMI, FL 33137 US

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

APPEL, LIVIA  
8288 BOCA RIO DRIVE  
BOCA RATON, FL 33433 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: LIVIAAPPEL

07/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GARCON, GERGOIRE  
Address: 3594 EVANS AVENUE  
City-St-Zip: FORT MYERS, FL 33901

I hereby 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: GREGOIREGARCON

P

07/26/2012

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