

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000064247

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** LAND CHIROPRACTIC AND SPORTS CLINIC, L.L.C.

**Current Principal Place of Business:**

8823 SAN JOSE BLVD  
SUITE 201  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

8823 SAN JOSE BLVD  
SUITE 201  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 26-3014724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAND, CHRISTOPHER M D.C.  
8823 SAN JOSE BLVD  
SUITE 201  
JACKSONVILLE, FL 32217 US

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

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:** CHRISTOPHER M. LAND

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** LAND, CHRISTOPHER M D.C.  
**Address:** 8823 SAN JOSE BLVD, SUITE 201  
**City-St-Zip:** JACKSONVILLE, FL 32217

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:** CHRISTOPHER M. LAND

PRES

04/27/2011

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