2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# L08000090611

Entity Name: VILFORT CHIROPRACTIC,LLC

Current Principal Place of Business:

7418 COMMERCE STREET
RIVERVIEW, FL 33578

New Principal Place of Business:

10618 RIVERVIEW DR
RIVERVIEW, FL 33578

Current Mailing Address:

PO BOX 46036
TAMPA, FL 33646

New Mailing Address:

FEI Number: 26-3086053 **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:

VILFORT, CARLINE M DC
18101 BRIDLE BIT LN
TAMPA, FL 33647 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: CARLINE VILFORT

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGM ( ) Delete
Name: VILFORT, CARLINE M DC
Address: 18101 BRIDLE BIT LN
City-St-Zip: TAMPA, FL 33647

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: CARLINE VILFORT DC 10/14/2009

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