

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 01, 2012
Secretary of State**

DOCUMENT# L08000090611

Entity Name: VILFORT CHIROPRACTIC,LLC

Current Principal Place of Business:

6328 US HWY 301 N
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

6328 US HWY 301 N
RIVERVIEW, FL 33578

New Mailing Address:

FEI Number: 26-3086053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILFORT, CARLINE M DC
6328 US HWY 301 N
RIVERVIEW, FL 33578 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
Name: VILFORT, CARLINE M DC
Address: 18101 BRIDLE BIT LN
City-St-Zip: TAMPA, FL 33647

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: CARLINE VILFORT

MGM

10/01/2012

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