

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000021447

FILED
Oct 03, 2011
Secretary of State

Entity Name: FLORIDA INSTITUTE OF OROFACIAL MYOLOGY, LLC

Current Principal Place of Business:

3959 S. NOVA RD., BLDG, B 28
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

6059 SABAL CREEK BLVD.
PORT ORANGE, FL 32128 US

New Mailing Address:

FEI Number: 26-4389919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, BETH A
6059 SABAL CREEK BLVD.
PORT ORANGE, FL 32128 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: BETH THOMPSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: THOMPSON, BETH A
Address: 6059 SABAL CREEK BLVD.
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGR
Name: VUOLO, STEPHEN W
Address: 6059 SABAL CREEK BLVD.
City-St-Zip: PORT ORANGE, FL 32128 US

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: BETH THOMPSON

MGR

10/03/2011

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