

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000044753

FILED
Oct 05, 2011
Secretary of State

Entity Name: LOTUS CHIROPRACTIC & WELLNESS CENTER, LLC

Current Principal Place of Business:

1607 PONCE DE LEON BLVD
SUITE 203
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

17600 SW 84 COURT
PALMETTO BAY, FL 33157

New Mailing Address:

1607 PONCE DE LEON BLVD
SUITE 203
CORAL GABLES, FL 33134

FEI Number: 80-0412167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, NATASHA M
17600 SW 84 COURT
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

SMITH, NATASHA M
1607 PONCE DE LEON BLVD
#203
CORAL GABLES, FL 33134 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: NATASHA M. SMITH

10/05/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SMITH, NATASHA M
Address: 131 ZAMORA AVE #2
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: SMITH, JULIET
Address: 17600 SW 84 COURT
City-St-Zip: MIAMI, FL 33157 UN

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: NATASHA M. SMITH

MGRM

10/05/2011

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