

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000111091

**FILED**  
**Aug 11, 2011**  
**Secretary of State**

**Entity Name:** FULL SPECTRUM REHAB. AND WELLNESS, LLC

**Current Principal Place of Business:**

8107 ST. ALBANS DR.  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2153  
WINDERMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

JOSEPHS, CLEVE A  
8107 ST. ALBANS DRIVE  
ORLANDO, FL 32835 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: CLEVE A. A. JOSEPHS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOSEPHS, CLEVE  
Address: 8107 ST. ALBANS DRIVE  
City-St-Zip: ORLANDO, FL 32835

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: CLEVE A. A. JOSEPHS

MGRM

08/11/2011

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