

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000122047

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** ALEXANDER CHIROPRACTIC AND PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

10720 PARK BLVD  
SUITE A  
SEMINOLE,, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

10720 PARK BLVD  
SUITE A  
SEMINOLE,, FL 33772

**New Mailing Address:**

**FEI Number:** 27-1590608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** DANIEL W ALEXANDER, DC

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ALEXANDER, DANIEL W  
**Address:** 107201 PARK BLVD SUITE A  
**City-St-Zip:** SEMINOLE, FL 33772

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:** DANIEL W ALEXANDER

MGRM

10/04/2010

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