

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000123287

FILED
Sep 27, 2010
Secretary of State

Entity Name: TOTAL ACCIDENT INJURY CHIROPRACTIC, LLC.

Current Principal Place of Business:

230 SOUTH DIXIE HWY, STE #102
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

230 SOUTH DIXIE HWY, STE #102
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 27-1566432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STACHURA, BOGDAN J DR
230 SOUTH DIXIE HWY, STE #102
LAKE WORTH, FL 33460 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: STACHURA J BOGDAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: STACHURA, BOGDAN J DR
Address: 1640 PRESIDENTIAL WAY APT # 403
City-St-Zip: WEST PALM, FL 33401

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: BOGDAN STACHURA

MGR

09/27/2010

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