

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000001716

FILED
Oct 07, 2013
Secretary of State

Entity Name: LOWERY CHIROPRACTIC CLINIC, LLC

Current Principal Place of Business:

2408 W. PLAZA DR.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2408 W. PLAZA DR.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 27-1697361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWERY, CHRISTOPHER DR
2408 W. PLAZA DR.
TALLAHASSEE, FL 32308 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: CHRISTOPHER LOWERY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR
Name: LOWERY, CHRISTOPHER
Address: 2408 W. PLAZA DR.
City-St-Zip: TALLAHASSEE, FL 32308

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: CHRISTOPHER LOWERY

DR

10/07/2013

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