

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000041827

FILED
Oct 14, 2013
Secretary of State

Entity Name: GOOD MEDICINE ACUPUNCTURE SERVICES LLC

Current Principal Place of Business:

6156 HEPNER AVENUE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

6156 HEPNER AVENUE
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 27-2386211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEOTTI, DOMINIC A
6156 HEPNER AVENUE
FORT MYERS, FL 33905 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: DOMINIC A LEOTTI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LEOTTI, CARLY S
Address: 6156 HEPNER AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: MGRM
Name: LEOTTI, DOMINIC A
Address: 6156 HEPNER AVENUE
City-St-Zip: FORT MYERS, FL 33905

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: CARLY S LEOTTI

MGR

10/14/2013

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