

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000058960

**FILED**  
**Nov 03, 2014**  
**Secretary of State**

**Entity Name:** MEDINA CHIROPRACTIC AND REHAB CENTER, LLC

**Current Principal Place of Business:**

3239 OLD WINTER GARDEN RD  
18  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

3239 OLD WINTER GARDEN RD  
18  
ORLANDO, FL 32805

**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:**

URENA, RAFAEL E  
915 BORDEAUX RD  
ORLANDO, FL 32808      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: RAFAEL E URENA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: JEAN BAPTISTE, JACQUES  
Address: 10612 BASTILLE LN  
City-St-Zip: ORLANDO APT 106, FL 32836

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JACQUES JEAN BAPTISTE

MGR

11/03/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date