

L11000086930

Florida Department of State
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CENTRAL FLORIDA CHIROPRACTIC REHAB & WELLNESS
CENTER**

Certificate of Status	0
Certified Copy	0
Page Count	05
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C. LEWIS

AUG - 8 2011

EXAMINER

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

CENTRAL FLORIDA CHIROPRACTIC REHAB & WELLNESS CENTER, LLC

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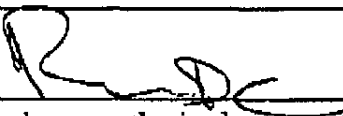
SECOND: The articles of organization or the application to transact business contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE II lists an incorrect business address, the correct business address is 4352 S Kirkman Rd #1214, Orlando, Florida 32811. The mailing address remains 13230 Social Lane, Winter Garden, Florida 34787.

ARTICLE III lists an incorrect registered agent name and registered office, the correct registered agent name and registered office is, Rodney E. Fountain, 4352 S Kirkman Rd #1214, Orlando, Florida 32811.

ARTICLE V lists incorrect managing members and the correct managing member of the Limited Liability Company is Rodney E. Fountain, 4352 S Kirkman Rd #1214, Orlando, Florida 32811.

Dated: August 1, 2011


Signature of a member or authorized representative of a member

Rodney E. Fountain
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Signature of a Registered Agent, Rodney E. Fountain

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

FILED
JUL 28 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

CENTRAL FLORIDA CHIROPRACTIC REHAB & WELLNESS CENTER, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

13230 SOCIAL LN
WINTER GARDEN, FLORIDA 34787

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

JEAN R. MARSEILLE
13230 SOCIAL LN
WINTER GARDEN, FLORIDA 34787

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

x Jean R. Marseille
JEAN R. MARSEILLE / Registered Agent's signature

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CENTRAL FLORIDA CHIROPRACTIC REHAB & WELLNESS CENTER, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

JEAN R. MARSEILLE

13230 SOCIAL LN

WINTER GARDEN, FLORIDA 34787

MANAGING MEMBER

WISNER SYLVESTRE

13230 SOCIAL LN

WINTER GARDEN, FLORIDA 34787

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JUL 28 AM 8:01
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TALLAHASSEE, FLORIDA

.....

x Wagner Sylvestre

Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the
execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.

WISNER SYLVESTRE

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