2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000179820

Entity Name: SPINE-ABILITY CHIROPRACTIC, LLC

Current Principal Place of Business:

6152 N. US HWY 41
APOLLO BEACH, FL 33572

Current Mailing Address:

6152 N. US HWY 41
APOLLO BEACH, FL 33572 US

FEI Number: 47-5370313

FILED
Oct 02, 2018
Secretary of State
CR3137561679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FETHERMAN, DAVID K DC
6152 N. US HWY 41
APOLLO BEACH, FL 33572 US

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: DAVID K FETHERMAN, DC 10/02/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MM	Title	MM
Name	FETHERMAN, DAVID K DC	Name	FETHERMAN, MARISSA E DC
Address	6152 N. US HWY 41	Address	6152 N. US HWY 41
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID FETHERMAN MM 10/02/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date