

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000101527

FILED
Oct 29, 2014
Secretary of State

Entity Name: BEACHSIDE CHIROPRACTIC, INC.

Current Principal Place of Business:

940 NORTH HALIFAX AVE
OFFICE/CLINIC
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

940 NORTH HALIFAX AVE
OFFICE/CLINIC
DAYTONA BEACH, FL 32118 US

New Mailing Address:

FEI Number: 04-3617670 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOUTSOPOULOS, CATHERINE E D.C.
321 N HALIFAX DRIVE
CLINIC
ORMOND BEACH, FL 32176 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: C. E. MOUTSOPOULOS, D. C.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVST
Name: MOUTSOPOULOS, CATHERINE E DC
Address: 321 N HALIFAX DR
City-St-Zip: ORMOND BEACH, FL 32176

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C. E. MOUTSOPOULOS, D.C.

Electronic Signature of Signing Officer or Director

PVST

10/29/2014

Date