

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000109660

**FILED**  
**Oct 15, 2006**  
**Secretary of State**

**Entity Name:** ADVANCED CHIROPRACTIC REHABILITATION AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

6245 6245 NE 60TH STREET  
SILVER SPRINGS, FL 34488

**New Principal Place of Business:**

**Current Mailing Address:**

6245 6245 NE 60TH STREET  
SILVER SPRINGS, FL 34488

**New Mailing Address:**

FEI Number: 51-0519313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAMMANA, THOMAS  
6245 6245 NE 60TH STREET  
SILVER SPRINGS, FL 34488 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: THOMAS F. MAMMANA

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

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MAMMANA, CAROL J SEC  
Address: 6245 N.E. 60TH ST  
City-St-Zip: SILVER SPRINGS, FL 34488 MA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS F. MAMMANA

PRES

10/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date