

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000109660

**FILED**  
**Dec 10, 2014**  
**Secretary of State**

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

**Current Principal Place of Business:**

15151 SOUTH HWY 441  
SUITE 200  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

15151 SOUTH HWY 441  
SUITE 200  
SUMMERFIELD, FL 34491

**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 F  
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 MAMMANA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MAMMANA, THOMAS F  
Address: 6245 N.E. 60TH ST  
City-St-Zip: SILVER SPRINGS, FL 34488

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

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: THOMAS MAMMANA

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

DC

12/10/2014

\_\_\_\_\_  
Date