2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2011
Secretary of State

DOCUMENT# P08000037689

Entity Name: COASTAL CHIROPRACTIC BILLING, INC.

Current Principal Place of Business:

3455 POINCIANA ST.
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

3455 POINCIANA ST.
NAPLES, FL 34105

New Mailing Address:

FEI Number: 26-2801935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARTORI, KELLEY
3455 POINCIANA ST.
NAPLES, FL 34105 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: KELLEY SARTORI

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SARTORI, KELLEY
Address: 3455 POINCIANA ST.
City-St-Zip: NAPLES, FL 34105

Title: VD
Name: SARTORI, ANTHONY JR.
Address: 3455 POINCIANA ST.
City-St-Zip: NAPLES, FL 34105

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: KELLEY SARTORI PD 10/04/2011

Electronic Signature of Signing Officer or Director — Date