2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 01, 2010
Secretary of State

DOCUMENT# P09000097469

Entity Name: COFFMAN CHIROPRACTIC INC.

Current Principal Place of Business:

7300 OCEAN TER.
215
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

2129 WASHINGTON AVE.
207
MIAMI BEACH, FL 33139 US

Current Mailing Address:

7300 OCEAN TER.
215
MIAMI BEACH, FL 33141 US

New Mailing Address:

2129 WASHINGTON AVE.
207
MIAMI BEACH, FL 33139 US

FEI Number: 27-1522816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFFMAN, JOSEPH J
7300 OCEAN TER.
215
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

COFFMAN, JOSEPH J
2129 WASHINGTON AVE.
207
MIAMI BEACH, FL 33139 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: JOSEPH J COFFMAN 10/01/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P, D
Name: COFFMAN, JOSEPH J
Address: 2129 WASHINGTON AVE., #207
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: T
Name: JOSEPH, COFFMAN J
Address: 2129 WASHINGTON AVE., #207
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D
Name: BARTELL-COFFMAN, LISA M
Address: 2129 WASHINGTON AVE., 207
City-St-Zip: MIAMI BEACH, FL 33139 US

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: JOSEPH J COFFMAN P, D 10/01/2010
Electronic Signature of Signing Officer or Director Date