2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000069918

1. Entity Name
BARDMOOR CHIROPRACTIC CENTER, INC.

FILED
05 OCT 10 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7500 BRYAN DAIRY RD SUITE A LARGO, FL 33777	7500 BRYAN DAIRY RD SUITE A LARGO, FL 33777

10052005 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-3284451
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MADOW, EVAN J 7500 BRYAN DAIRY ROAD SUITE A LARGO, FL 33777	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 10/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADOW, EVAN J 10801 STARKEY RD. #302 LARGO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600060456726 10/10/05--01076--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	$ 9/10/12	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Evan J. Madow, D.C. 10/5/05 727-548-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Health & Wellness Centers

October 5, 2005

Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314-6198

RE: EIN#: 59-3284451
Document#: P94000069918

We recently received our first notice regarding renewing our 2005 annual report and have been informed it is now in the process of being dissolved by the state. We want to maintain Bardmoor Chiropractic Center, INC. as an entity with the state and since we have not received any prior notifications, we are submitting our completed report with a check for $150.00, as originally required.

Thank you,

Dr. Evan J. Madow

Please reply to:
☑ 7500 Bryan Dairy Road, Suite A Largo, FL 33777
Fax (727) 548-8112 **Office (727) 399-8949**

☐ 1283 Bruce B. Downs Blvd. New Tampa, FL 33543
Fax (727) 548-8112 **Office (813) 994-6111**

www.flhealthandwellness.com