

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000095840

FILED
Oct 16, 2009
Secretary of State

Entity Name: BIG PINE KEY CHIROPRACTIC, INC.

Current Principal Place of Business:

207 KEY DEER BLVD.
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

207 KEY DEER BLVD.
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 65-0795017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, MICHAEL A
207 KEY DEER BLVD
BIG PINE KEY, FL 33043 US

Name and Address of New Registered Agent:

NORMAN, MICHAEL A DC
207 KEY DEER BLVD
BIG PINE KEY, FL 33043 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: MICHAEL NORMAN, DC

10/16/2009

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: DR. () Delete
Name: NORMAN, MICHAEL A
Address: 207 KEY DEER BLVD
City-St-Zip: BIG PINE KEY, FL 33043

Title: S () Delete
Name: NORMAN, JACQUELINE M
Address: 207 KEY DEER BLVD
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: NORMAN, MICHAEL A DC
Address: 207 KEY DEER BLVD
City-St-Zip: BIG PINE KEY, FL 33043

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL NORMAN, DC

DR.

10/16/2009

Electronic Signature of Signing Officer or Director

Date