

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000007017

**FILED
Nov 07, 2011
Secretary of State**

Entity Name: MAMMANA CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

3256 NE JACKSONVILLE RD., SUITE C
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

3256 NE JACKSONVILLE RD., SUITE C
OCALA, FL 34479

New Mailing Address:

FEI Number: 59-3563435 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAMMANA, THOMAS F
3256 NE JACKSONVILLE RD., SUITE C
OCALA, FL 34479 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 F. MAMMANA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MAMMANA, THOMAS
Address: 3256 NE JACKSONVILLE RD
City-St-Zip: Ocala, FL 34479

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 F. MAMMANA

Electronic Signature of Signing Officer or Director

DR

11/07/2011

Date