

**2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K26518

**FILED  
Feb 10, 2012  
Secretary of State**

**Entity Name:** ABC CHIROPRACTIC THERAPEUTIC WELLNESS, INC., JEFFREY S. HOFFMAN, DC, PA

**Current Principal Place of Business:**

3491 WOOLBRIGHT ROAD  
BAY #3  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

6542 NEWPORT LK CIRCLE  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** 65-0054809      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFFMAN, RANDIE H.  
6542 NEWPORT CK CIR  
BOCA RATON, FL 33496      US

**Name and Address of New Registered Agent:**

HOFFMAN, RANDIE  
6542 NEWPORT CK CIR  
BOCA RATON, FL 33496      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: RANDIE HOFFMAN      02/10/2012  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: HOFFMAN, JEFFREY S.  
Address: 6541 NEWPORT LAKE CIR  
City-St-Zip: BOCA RATON, FL 33496

Title: T  
Name: HOFFMAN, RANDIE  
Address: 6542 NEWPORT LK CIR  
City-St-Zip: BOCA RATON, FL 33496

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: JEFFREY S HOFFMAN      C      02/10/2012  
Electronic Signature of Signing Officer or Director      Date