## 2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000095840

Entity Name: BIG PINE KEY CHIROPRACTIC, INC.

**Current Principal Place of Business:** 

1117 KEY PLAZA KEY WEST, FL 33040

**Current Mailing Address:** 

1117 KEY PLAZA KEY WEST, FL 33040

FEI Number: 65-0795017 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORMAN, MICHAEL A DR. 1117 KEY PLAZA KEY WEST, FL 33040 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 A. NORMAN 06/25/2015

Electronic Signature of Registered Agent

Date

FILED Jun 25, 2015

**Secretary of State** 

CR8605379029

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name NORMAN, MICHAEL A DR. Name NICKSIC, JACQUELINE M

Address 1117 KEY PLAZA Address 1117 KEY PLAZA

City-State-Zip: KEY WEST FL 33040 City-State-Zip: KEY WEST FL 33040

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: MICHAEL NORMAN

**PRESIDENT** 

06/25/2015

Date