

2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000007017

Entity Name: MAMMANA CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-3563435

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

01/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MAMMANA, THOMAS
Address 3256 NE JACKSONVILLE RD
City-State-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 MAMMANA

DC

01/28/2015

Electronic Signature of Signing Officer/Director Detail

Date