## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT# 574751**

Entity Name: SPIEGEL CHIROPRACTIC CLINIC, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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121 NORTH FRANKLIN STREET SEBRING, FL 33870

Current Mailing Address: New Mailing Address:

121 NORTH FRANKLIN STREET SEBRING, FL 33870

FEI Number: 59-1833504 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPIEGEL, JAMES R. 121 NORTH FRANKLIN STREET SEBRING, FL 33870 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: JAMES R. SPIEGEL

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T ( ) Delete Title: V.PR (X) Change ( ) Addition Name: SPIEGEL, O. ARNOLD, Address: 1100 HOTIYEE AVE SPIEGEL, O. ARNOLD, Address: 1100 HOTIYEE AVE

 Address:
 1100 HOTIYEE AVE
 Address:
 1100 HOTIYEE AVE

 City-St-Zip:
 SEBRING, FL
 City-St-Zip:
 SEBRING, FL

Title: P ( ) Delete Title: PRES (X) Change ( ) Addition Name: SPIEGEL, JAMES R., SPIEGEL, JAMES R.,

 Name:
 SPIEGEL, JAMES R.,
 Name:
 SPIEGEL, JAMES R.,

 Address:
 427 LAKEVIEW DR
 Address:
 1881 LAKEVIEW DR

 City-St-Zip:
 SEBRING, FL
 33870 33

Title: S () Delete Title: TRES (X) Change () Addition Name: SPIEGEL, GLOA, Name: SPIEGEL, GLOA,

Address: 1100 HOTIYEE AVE. Address: 1100 HOTIYEE AVE. City-St-Zip: SEBRING, FL SEBRING, FL SPIEGEL, GLOA, Address: 1100 HOTIYEE AVE.

 Title:
 ( ) Delete
 Title:
 MRS. ( ) Change (X) Addition

 Name:
 SPIEGEL, PENNY A SECRETA

 Address:
 Address:
 1881 LAKEVIEW DRIVE

 City-St-Zip:
 City-St-Zip:
 SEBRING, FL 33870 33

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: JAMES R. SPIEGEL PRES 05/01/2007