

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F44960

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Entity Name:** EXUM CHIROPRACTIC CLINIC, P.A.

**Current Principal Place of Business:**

2010 EDGEWATER DR  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

2010 EDGEWATER DR  
ORLANDO, FL 32804 US

**New Mailing Address:**

**FEI Number:** 59-2120066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOROFF, CATHY  
1904 OLD CLUB POINT  
MAITLAND, FL 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:** CATHY MOROFF

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** FRITZ, ROBERT J., JR. .  
**Address:** 1116 OAK POINT CIRCLE  
**City-St-Zip:** APOPKA, FL

**Title:** SD ( ) Delete  
**Name:** MOROFF, DANIEL B., D., .C.  
**Address:** 1904 COLD CLUB POINT  
**City-St-Zip:** MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** FRITZ, ROBERT J., JR. .  
**Address:** 1116 OAK POINT CIRCLE  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** SD (X) Change ( ) Addition  
**Name:** MOROFF, DANIEL B., D., .C.  
**Address:** 1904 COLD CLUB POINT  
**City-St-Zip:** MAITLAND, FL 32751 US

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:** ROBERT FRITZ

**PRES**

**02/07/2008**

Electronic Signature of Signing Officer or Director

Date