

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F71296

**FILED**  
**Aug 27, 2010**  
**Secretary of State**

**Entity Name:** RICHARD J. FREESMEIER, D.C., P.A.

**Current Principal Place of Business:**

C/O RICHARD J FREESMEIER D C  
2538 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RICHARD J FREESMEIER D C  
2538 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 59-2208967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREESMEIER (RICHARD J.), D.C.  
2538 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308 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:** DR. RICHARD J. FREESMEIER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** FREESMEIER RICHARD J  
**Address:** 2538 CAPITAL MEDICAL BV  
**City-St-Zip:** TALLAHASSEE, FL 00000, FL 32308

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:** RICHARD J. FREESMEIER

DR.

08/27/2010

Electronic Signature of Signing Officer or Director

Date