

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J49802

**FILED  
Apr 17, 2011  
Secretary of State**

**Entity Name:** ROSEWOOD CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

2142 ASHLEY OAKS CIRCLE  
ZEPHYRHILLS, FL 33544 US

**New Principal Place of Business:**

2142 ASHLEY OAKS CIRCLE  
WESLEY CHAPEL, FL 33544 US

**Current Mailing Address:**

2142 ASHLEY OAKS CIRCLE  
ZEPHYRHILLS, FL 33544 US

**New Mailing Address:**

2142 ASHLEY OAKS CIRCLE  
WESLEY CHAPEL, FL 33544 US

FEI Number: 59-2885809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BALLINGER, SHERYL A  
2142 ASHLEY OAKS CIR  
ZEPHYRHILLS, FL 33544 US

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

BALLINGER, SHERYL A  
2142 ASHLEY OAKS CIR  
WESLEY CHAPEL, FL 33544 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: DR. SHERYL A. BALLINGER

04/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: BALLINGER, SHERYL A DR.  
Address: 2142 ASHLEY OAKS CIR  
City-St-Zip: WESLEY CHAPEL, FL 33544

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: DR. SHERYL A. BALLINGER

DR.

04/17/2011

Electronic Signature of Signing Officer or Director

Date