

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L88096

**FILED**  
**Oct 31, 2014**  
**Secretary of State**

**Entity Name:** FAMILY LIFE CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

131 GARDEN AVENUE, NORTH  
SUITE 100  
CLEARWATER, FL 33755

**New Principal Place of Business:**

205 GARDEN AVENUE, NORTH  
1ST FLOOR  
CLEARWATER, FL 33755

**Current Mailing Address:**

131 GARDEN AVENUE, NORTH  
SUITE 100  
CLEARWATER, FL 33755

**New Mailing Address:**

205 GARDEN AVENUE, NORTH  
1ST FLOOR  
CLEARWATER, FL 33755

**FEI Number:** 59-3017580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JARRETT, JERE  
1784 OVERBROOK AVE  
CLEARWATER, FL 33755 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: JERE JARRETT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JARRETT, JERE  
Address: 1784 OVERBROOK AVE.  
City-St-Zip: CLEARWATER, FL 33755

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: JERE JARRETT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/31/2014

\_\_\_\_\_  
Date