FROM : HARRY SPEER CPA FAX NO. : 4076287083 Oct. 06 2005 12:37PM P1

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 13 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M87280

1. Entity Name
BIXON CHIROPRACTIC CENTER, P.A.

Principal Place of Business	Mailing Address
C/O CHRISTINE T. BIXON 242 W HWY 434 LONGWOOD, FL 32750 US	C/O CHRISTINE T. BIXON 242 W HWY 434 LONGWOOD, FL 32750 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10062005 REIN-P CR2E098 (6/04)

4. FEI Number 59-2896930 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIXON, CHRISTINE T.
242 W HIGHWAY 434
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] (NOTE: Registered Agent signature required when reinstating) 10-10-05 DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIXON, CHRISTINE T. 242 W HWY 434 LONGWOOD, FL 32750 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200060572422 10/13/05--01025--007 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIXON, LEWIS A. 242 W HWY 434 LONGWOOD, FL 32750 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #