

FROM : HARRY SPEER CPA

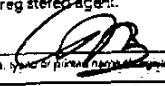
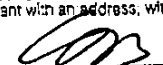
FAX NO. : 4876287083

Oct. 06 2005 12:37PM P1

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

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 C/O CHRISTINE T. BIXON 242 W HWY 434 LONGWOOD, FL 32750 US		Mailing Address 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
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 1	
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 		DATE 10-10-05	
FILE NOW!!! FEE IS \$160.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 807.193(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	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	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
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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 its receiver or trustee empowered to execute this report as required by Chapter 807, 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: 		DATE 10-10-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

10/13/05