

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000048218

FILED  
Jun 27, 2006  
Secretary of State

Entity Name: NAPLES CHIROPRACTIC CENTER, INC.

## Current Principal Place of Business:

10841 AIRPORT PULLING RD.  
S. #27  
NAPLES, FL 34109

## New Principal Place of Business:

1890 SW HEALTH PKWY  
S. #204  
NAPLES, FL 34109

## Current Mailing Address:

10841 AIRPORT PULLING RD.  
S. #27  
NAPLES, FL 34109

## New Mailing Address:

1890 SW HEALTH PKWY  
S. #204  
NAPLES, FL 34109

FEI Number: 59-3654900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIDABADI, HOMAYOUN  
10641 AIRPORT PULLING ROAD  
SUITE 27  
NAPLES, FL 34112 US

## Name and Address of New Registered Agent:

BIDABADI, HOMAYOUN  
1890 SW HEALTH PKWY  
SUITE 204  
NAPLES, FL 34109 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: HOMAYOUN BIDABADI

06/27/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: BIDABADI, HOMAYOUN  
Address: 10641 AIRPORT PULLING RD., STE. 27  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: BIDABADI, HOMAYOUN  
Address: 10641 AIRPORT PULLING RD., STE. 27  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: BIDABADI, HOMAYOUN  
Address: 1890 SW HEALTH PKWY S# 204  
City-St-Zip: NAPLES, FL 34109

Title: DC (X) Change ( ) Addition  
Name: BIDABADI, HOMAYOUN  
Address: 1890 SW HEALTH PKWY S# 204  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HOMAYOUN BIDABADI

DC

06/27/2006

Electronic Signature of Signing Officer or Director

Date