


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000116026 1. Entity Name QUIROPRACTIC AND THERAPY CENTER, INC.						FILED 07 MAY 22 PM 12:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 18350 NW 2ND AVE 601 MIAMI, FL 33169				Mailing Address 18350 NW 2ND AVE 601 MIAMI, FL 33169			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-1068348				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MACHADO, ANICIA C 18350 NW 2ND AVE 601 MIAMI, FL 33169				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 <u><i>Anicia C Machado</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!! FEE IS \$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 <input type="checkbox"/> Delete MACHADO, ANICIA C 18350 NW 2ND AVE #601 MIAMI, FL 33169			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200103906132 06/05/07--01028--018 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u><i>Anicia C Machado</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							