

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000009077

**Entity Name:** J.R.F. CHIROPRACTIC, INC.

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2732-1 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2732-1 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-3699362      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FENN, JAMES R  
9093 OLD CHEMOINE RD  
TALLAHASSEE, FL 32309      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: JAMES FENN

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: DC  
Name: FENN, JAMES R  
Address: 9093 OLD CHEMOINE RD  
City-St-Zip: TALLAHASSEE, FL 32309

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: JAMES FENN

PRES

03/14/2010

Electronic Signature of Signing Officer or Director

Date