

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000011729

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** OAKRIDGE CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

6100 S.ORANGE AVENUE  
170  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6100 S. ORANGE AVENUE  
170  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 59-3694860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITAKER, ROCHELLE R  
6100 S. ORANGE AVENUE  
170  
ORLANDO, FL 32809 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:** ROCHELLE WHITAKER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR.  
**Name:** WHITAKER, ROCHELLE R  
**Address:** 6100 S.ORANGE AVENUE, SUITE 170  
**City-St-Zip:** ORLANDO, FL 32809

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:** ROCHELLE WHITAKER

OWNE

10/09/2013

Electronic Signature of Signing Officer or Director

Date