

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000026837

Entity Name: WATERSIDE CHIROPRACTIC, INC.

FILED  
Oct 10, 2006  
Secretary of State

## Current Principal Place of Business:

2441 HWY 98  
SUITE 103  
SANTA ROSA BEACH, FL 32459

## Current Mailing Address:

2441 HWY 98  
SUITE 103  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

2441 WEST HWY 98  
SUITE 103  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

2441 WEST HWY 98  
SUITE 103  
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3739233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, MICHAEL J  
2441 HWY 98 SUITE 103  
SANTA ROSA BEACH, FL 32459 US

## Name and Address of New Registered Agent:

SMITH, MICHAEL J  
2441 WEST HWY 98 SUITE 103  
SANTA ROSA BEACH, FL 32459 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: MICHAEL J. SMITH

10/10/2006

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: DP ( ) Delete  
Name: SMITH, MICHAEL J  
Address: 2441 HWY 98 SUITE 103  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DP ( ) Delete  
Name: SMITH, SYLVIA M  
Address: 2441 HWY 98 SUITE 103  
City-St-Zip: SANTA ROSA BEACH, FL 32459

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: SMITH, MICHAEL J  
Address: 2441 WEST HWY 98 SUITE 103  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DR (X) Change ( ) Addition  
Name: SMITH, SYLVIA M  
Address: 2441 WEST HWY 98 SUITE 103  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: MICHAEL J. SMITH

DR

10/10/2006

Electronic Signature of Signing Officer or Director

Date