

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000047982

1. Entity Name
HOWARD ACCIDENT & INJURY CHIROPRACTIC CLINIC,
P.A.



Principal Place of Business
6929-2 BEACH BLVD.
JACKSONVILLE, FL 32216

Mailing Address
6929-2 BEACH BLVD.
JACKSONVILLE, FL 32216

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11292007

REIN-P

CR2E098 (1/07)

4. FEI Number
59-3728625

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, JEFF H D.C.
6929 BEACH BOULEVARD
JACKSONVILLE, FL 32216

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HOWARD, JEFF H
6929-2 BEACH BLVD.
JACKSONVILLE, FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
OFF
HOWARD, JAIME K
2437 W. FALLEN TREE
JACKSONVILLE, FL 32246

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3001127859200
12/03/07--01055--016 **758.75
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/07 (904) 725-8111

Date

Daytime Phone #

FILED

2007 DEC -3 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



206/21