

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000004158

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** KV CHIROPRACTIC HEALTH CARE, INC.

**Current Principal Place of Business:**

805 VIRGINIA AVE. STE. 25  
FT. PIERCE, FL 34982

**New Principal Place of Business:**

805 VIRGINIA AVE. STE. 18  
FT. PIERCE, FL 34982

**Current Mailing Address:**

805 VIRGINIA AVE. STE. 25  
FT. PIERCE, FL 34982

**New Mailing Address:**

805 VIRGINIA AVE. STE. 18  
FT. PIERCE, FL 34982

**FEI Number:** 30-0023185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORREGO, SANDRA  
805 VIRGINIA AVE. STE. 25  
FT. PIERCE, FL 34982 US

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

ORREGO, SANDRA  
805 VIRGINIA AVE. STE. 18  
FT. PIERCE, FL 34982 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: SANDRA ORREGO

10/06/2005

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: D ( ) Delete  
Name: ORREGO, SANDRA  
Address: 805 VIRGINIA AVE. STE. 25  
City-St-Zip: FT. PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ORREGO, SANDRA  
Address: 805 VIRGINIA AVE. STE. 18  
City-St-Zip: FT. PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA ORREGO

D

10/06/2005

Electronic Signature of Signing Officer or Director

Date