

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000006996

**FILED**  
**Dec 01, 2010**  
**Secretary of State**

**Entity Name:** PAGANO CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

6285 WILSHIRE PINES CIR UNIT 708  
NAPLES, FL 34109

**New Principal Place of Business:**

7935 AIRPORT-PULLING RD STE #2  
NAPLES, FL 34109

**Current Mailing Address:**

6285 WILSHIRE PINES CIR UNIT 708  
NAPLES, FL 34109

**New Mailing Address:**

7935 AIRPORT-PULLING RD STE #2  
NAPLES, FL 34109

**FEI Number:** 03-0398414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAGANO, GINO  
6285 WILSHIRE PINES CIR UNIT 708  
NAPLES, FL 34109 US

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

PAGANO, GINO, LUIGI  
7935 AIRPORT-PULLING RD STE #2  
NAPLES, FL 34109 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: LUIGI GINO PAGANO

12/01/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSVT  
Name: PAGANO, GINO LUIGI  
Address: 7935 AIRPORT-PULLING RD STE#2  
City-St-Zip: NAPLES, FL 34109

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: LUIGI GINO PAGANO

DR

12/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date