

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000081821

FILED
Apr 18, 2006
Secretary of State

Entity Name: FT. MYERS FAMILY CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

3651 EVANS AVENUE UNIT 108-109
FORT MYERS, FL 33901

New Principal Place of Business:

9536 CASTLE FORD POINT
ORLANDO, FL 32836

Current Mailing Address:

3651 EVANS AVENUE UNIT 108-109
FORT MYERS, FL 33901

New Mailing Address:

2118 OPAL DRIVE
ORLANDO, FL 32822

FEI Number: 61-1421535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEODORE, EDNER
2413 LAKE DEBRA DR
#1212
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

THEODORE, EDNER
9536 CASTLE FORD POINT
ORLANDO, FL 32836 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: EDNER THEODORE

04/18/2006

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: PD () Delete
Name: THEODORE, EDNER
Address: 3651 EVANS AVENUE UNIT 108-109
City-St-Zip: FORT MYERS, FL 33901

Title: V () Delete
Name: DELVA, FEGHENS
Address: 3651 EVANS AVENUE UNIT 108-109
City-St-Zip: FORT MYERS, FL 33901

Title: ST (X) Delete
Name: JULSSAINT, MICHELET
Address: 3651 EVANS AVENUE UNIT 108-109
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THEODORE, EDNER
Address: 9536 CASTLE FORD POINT
City-St-Zip: ORLANDO, FL 32836

Title: V (X) Change () Addition
Name: DELVA, FEGHENS
Address: 990 CONGRESS AVE.
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDNER THEODORE

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04/18/2006

Electronic Signature of Signing Officer or Director

Date