2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# P02000098397

Entity Name: CHIROPRACTIC PAIN TREATMENT CENTER, INC.

Current Principal Place of Business:

4724-B GOLDEN GATE PARKWAY
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

4724-B GOLDEN GATE PARKWAY
NAPLES, FL 34116

New Mailing Address:

4315 14TH ST NE
NAPLES, FL 34120

FEI Number: 41-2061715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUHOS, PETER
4724-B GOLDEN GATE PARKWAY
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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: _____

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: JUHOS, PETER
Address: 4724-B GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: ODINO, JOSEPH
Address: 4724-B GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: JOSEPH, VERLINE
Address: 4724-B GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JUHOS, PETER
Address: 4724-B GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: VP (X) Change ( ) Addition
Name: ODINO, JOSEPH
Address: 4724-B GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: T/S (X) Change ( ) Addition
Name: JOSEPH, VERLINE
Address: 4724-B GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

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: PETER JUHOS P 10/19/2004

Electronic Signature of Signing Officer or Director — Date