

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000059014

FILED
Oct 16, 2005
Secretary of State

Entity Name: CHARLESTON CHIROPRACTIC MEDICINE AND REHABILITATION, P.A.

Current Principal Place of Business:

1055 S CONGRESS AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

1055 S CONGRESS AVE
DELRAY BEACH, FL 33445

Current Mailing Address:

1055 S CONGRESS AVE
DELRAY BEACH, FL 33444

New Mailing Address:

1055 S CONGRESS AVE
DELRAY BEACH, FL 33445

FEI Number: 06-1697616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLESTON, DANIEL DC
9338 SW 3RD ST #505
BOCA RATON, FL 33428 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: DANIEL CHARLESTON

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: DCEO () Delete
Name: CHARLESTON, DANIEL DC
Address: 9338 SW 3RD ST #505
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DANIEL CHARLESTON

CEO

10/16/2005

Electronic Signature of Signing Officer or Director

Date