2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# P03000059014

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

Current Principal Place of Business:

1055 S CONGRESS AVE
DELRAY BEACH, FL 33445

New Principal Place of Business:

100 E SAMPLE ROAD SUITE 130
POMPANO BEACH, FL 33064

Current Mailing Address:

1055 S CONGRESS AVE
DELRAY BEACH, FL 33445

New Mailing Address:

100 E SAMPLE ROAD SUITE 130
POMPANO BEACH, FL 33064

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
9709 ARBOR OAKS LN
305
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

CHARLESTON, DANIEL DC
100 E SAMPLE ROAD
130
POPMPANO BEACH, FL 33064 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: DANIEL CHARLESTON 07/01/2009
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: CEO ( ) Delete
Name: CHARLESTON, DANIEL DC
Address: 9709 ARBOR OAKS LN, #305
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: CHARLESTON, DANIEL DC
Address: 100 E SAMPLE ROAD SUITE 130
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL CHARLESTON PRES 07/01/2009
Electronic Signature of Signing Officer or Director Date