

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000084694

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** RADICE FAMILY CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

18514 N. DALE MABRY HWY.  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

18514 N. DALE MABRY HWY.  
LUTZ, FL 33548

**New Mailing Address:**

FEI Number: 01-0793574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RADICE, MICHAEL F  
18514 N. DALE MABRY HWY.  
LUTZ, FL 33548 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: MICHAEL RADICE, DC

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: RADICE, MICHAEL F  
Address: 18514 N. DALE MABRY HWY.  
City-St-Zip: LUTZ, FL 33548

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: MICHAEL RADICE

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

OWNE

10/09/2013

\_\_\_\_\_  
Date