

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000088676

FILED
Nov 13, 2013
Secretary of State

Entity Name: USA CHIROPRACTOR & REHAB, INC.

Current Principal Place of Business:

1120 SUNSET STRIP
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

1120 SUNSET STRIP
SUNRISE, FL 33313 US

New Mailing Address:

FEI Number: 20-0148841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESPINOSSE, BERNARD
701 AZALEA COURT
PLANTATION, FL 33317 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: BERNARD DESPINOSSE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTS
Name: GILWIT, NEIL
Address: 1120 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313 US

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: NEIL GILWIT

P

11/13/2013

Electronic Signature of Signing Officer or Director

Date