

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000141582

FILED
Aug 29, 2011
Secretary of State

Entity Name: COOPER CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

13159 US HWY 27
BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

P O BOX 396
BRANFORD, FL 32008

New Mailing Address:

FEI Number: 20-0658425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCALL, LEE
22672 US HWY 129
BRANFORD, FL 32071 US

Name and Address of New Registered Agent:

MCCALL, LEE
15396 194TH PLACE
OBRIEN, FL 32071 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: LEE MCCALL

08/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: COOPER, NANCY L
Address: 13159 US 27 E, STE A
City-St-Zip: BRANFORD, FL 32008

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: NANCY L COOPER

DR

08/29/2011

Electronic Signature of Signing Officer or Director

Date