

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000025383

Entity Name
MCTUREOUS CHIROPRACTIC, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -2 PM 5:34

Principal Place of Business
5709 SW 75TH ST
GAINESVILLE, FL 32608 US

Mailing Address
5709 SW 75TH ST
GAINESVILLE, FL 32608 US

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302006 REIN-P CR2E098 (11/05)

4. FEI Number
20-0685348

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCKEY, CAMERON
4045 NW 43RD ST
STE A
GAINESVILLE, FL 32606

Name
ERIC MCTUREOUS
Street Address (P.O. Box Number is Not Acceptable)
5709 SW 75TH STREET
City
GAINESVILLE FL Zip Code
32608

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eric W. McTureous Jr. ERIC MCTUREOUS, PRES, 10/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCTUREOUS, ERIC
5709 SW 75TH STREET
GAINESVILLE, FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900081470369
11/02/06--01026--021 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eric W. McTureous Jr. PRES 10/30/04 352-374-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #