

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000033168

FILED
Sep 13, 2010
Secretary of State

Entity Name: LIFE CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

1230 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1230 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 57-1198769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUKEYSER, MARTIN N
569 SW NEW CASTLE COVE
PORT ST. LUCIE, FL 34986 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: MARTIN RUKEYSER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: RUKEYSER, MARTIN N
Address: 569 SE NEW CASTLE COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

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: MARTIN RUKEYSER

Electronic Signature of Signing Officer or Director

DR

09/13/2010

Date