

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000025639

FILED
May 21, 2010
Secretary of State

Entity Name: SPINAL AID CENTERS OF AMERICA INC

Current Principal Place of Business:

2802 CHANCERY LN
CLEARWATER, FL 33759

New Principal Place of Business:

29750 US HWY 19
CLEARWATER, FL 33761

Current Mailing Address:

2650 MCCORMICK DR.
190
CLEARWATER, FL 33759

New Mailing Address:

29750 US HWY 19
300
CLEARWATER, FL 33761

FEI Number: 20-2350972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIBERTI, FRANK
2650 MCCORMICK DR
190
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

LIBERTI, FRANK
29750 US HWY 19
300
CLEARWATER, FL 33761 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: FRANK LIBERTI

05/21/2010

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: LIBERTI, FRANK
Address: 29750 US HWY 19
City-St-Zip: CLEARWATER, FL 33761

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: FRANK LIBERTI

PRES

05/21/2010

Electronic Signature of Signing Officer or Director

Date