

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000062325

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** WEST TAMPA CHIROPRACTIC CENTER P.A.

**Current Principal Place of Business:**

1944 W MARTIN LUTHER KING JR BLVD.  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1944 W MARTIN LUTHER KING JR BLVD.  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 20-2791240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESAPIO, ROBERT F  
1100 NORTH SHORE DRIVE N.E., #205  
ST. PETERSBURG, FL 33701 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:** ROBERT DESAPIO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DESAPIO, ROBERT F  
**Address:** 1100 NORTH SHORE DRIVE N.E., #205  
**City-St-Zip:** ST. PETERSBURG, FL 33701

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:** ROBERT DESAPIO

P

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date