

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000081629

Entity Name: POWELL CHIROPRACTIC, INC.

FILED
Oct 01, 2013
Secretary of State

Current Principal Place of Business:

14212 W. NEWBERRY RD
NEWBERRY, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

14212 W. NEWBERRY RD
NEWBERRY, FL 32669 US

New Mailing Address:

FEI Number: 20-3042471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, GEOFFREY A
14212 W. NEWBERRY RD
NEWBERRY, FL 32669 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: GEOFFREY A POWELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: POWELL, GEOFFREY A
Address: 14212 W. NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669 US

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: GEOFFREY A POWELL

DR

10/01/2013

Electronic Signature of Signing Officer or Director

Date