

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000082829

**FILED**  
**Aug 29, 2012**  
**Secretary of State**

**Entity Name:** PERFORMANCE CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

13830 - 58TH STREET NORTH  
SUITE 411  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

13830 - 58TH STREET NORTH  
SUITE 411  
CLEARWATER, FL 33760

**New Mailing Address:**

**FEI Number:** 06-1747997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIZIO, ARMANDO F  
25400 U.S. HWY. 19 NORTH - SUITE 225  
CLEARWATER, FL 33763 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:** ARMANDO MIZIO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** WALKER, STACY E  
**Address:** 13830 - 58TH STREET NORTH, SUITE 411  
**City-St-Zip:** CLEARWATER, FL 33760

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:** STACY WALKER

DPST

08/29/2012

Electronic Signature of Signing Officer or Director

Date