

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000129062

**FILED**  
**Feb 07, 2007**  
**Secretary of State**

**Entity Name:** ULTIMATE CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

2901 W OAKLAND PK BLVD STE B20  
OAKLAND PK, FL 33311

**New Principal Place of Business:**

3960 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

2901 W OAKLAND PK BLVD STE B20  
OAKLAND PK, FL 33311

**New Mailing Address:**

3960 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33309

**FEI Number:** 56-2532730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OBINSON, LOUIS  
1001 E SAMPLE RD STE 5E  
POMPANO BEACH, FL 33064 US

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

OBINSON, LOUIS  
3960 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33309 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: OBINSON LOUIS

02/07/2007

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: D ( ) Delete  
Name: SCHECHTMAN, LAWRENCE  
Address: 2901 W OAKLAND PK BLVD STE B20  
City-St-Zip: OAKLAND PK, FL 33311

Title: D ( ) Delete  
Name: OBINSON, LOUIS  
Address: 2901 W OAKLAND PK BLVD STE B20  
City-St-Zip: OAKLAND PK, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SCHECHTMAN, LAWRENCE  
Address: 3960 NORTH ANDREWS AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Change ( ) Addition  
Name: OBINSON, LOUIS  
Address: 3960 NORTH ANDREWS AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OBINSON LOUIS

D

02/07/2007

Electronic Signature of Signing Officer or Director

Date