

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000011284

FILED  
Sep 27, 2007  
Secretary of State

**Entity Name:** FIRST AMERICAN CHIROPRACTIC CLINIC CORP

**Current Principal Place of Business:**

4519 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

4513 SOUTH OBT  
ORL, FL 32839

**New Mailing Address:**

4519 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

AIMABLE, ISLANDE  
11919 FRIETH DR  
ORLANDO, FL 32837 US

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

AIMABLE, ISLANDE  
1239 DUNBROOKE STREET  
WINTER GARDEN, FL 34787 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: ISELANDE AIMABLE

09/27/2007

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: P ( ) Delete  
Name: AIMABLE, ISLANDE  
Address: 11919 FRIETH DR  
City-St-Zip: ORLANDO, FL 32837

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

Title: P (X) Change ( ) Addition  
Name: AIMABLE, ISELANDE  
Address: 1239 DUNBROOKE STREET  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify 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: ISELANDE AIMABLE

OWNE

09/27/2007

Electronic Signature of Signing Officer or Director

Date