

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000022447

Entity Name: 441 CHIROPRACTIC CARE, INC.

**FILED**  
**Oct 23, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3640 N STATE RD 7  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

3640 N STATE RD 7  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

FEI Number: 20-4322303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABELLARD, MARGARETTE  
3640 NORTH STATE RD 7  
LAUDERDALE LAKES, FL 33319 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: MARGARETTE ABELARD

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: EXAVIER, MAURICE  
Address: 3640 N STATE RD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VP S (X) Delete  
Name: DAZILE, SERGE  
Address: 3640 NORTH STATE RD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARGARETTE ABELARD

VP

10/23/2007

Electronic Signature of Signing Officer or Director

Date