

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000032752

FILED
Feb 16, 2009
Secretary of State

Entity Name: DECOMPRESSION CENTER OF NAPLES INC

Current Principal Place of Business:

1001 CROSSPOINTE DRIVE
SUITE 1
NAPLES, FL 34110

New Principal Place of Business:

3455 POINCIANA ST
NAPLES, FL 34105

Current Mailing Address:

1001 CROSSPOINTE DRIVE
SUITE 1
NAPLES, FL 34110

New Mailing Address:

3455 POINCIANA ST
NAPLES, FL 34105

FEI Number: 20-4446299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUHOS, PETER
1001 CROSSPOINTE DRIVE
SUITE 1
NAPLES, FL 34110 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: PETER JUHOS

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: JUHOS, PETER
Address: 4315 14TH ST NE
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PETER JUHOS

P

02/16/2009

Electronic Signature of Signing Officer or Director

Date