

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000032960

FILED
Oct 04, 2010
Secretary of State

Entity Name: GALLO FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

2929 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2929 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-4484997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLO, ANTHONY
2929 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33065 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: ANTHONY GALLO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VTDP
Name: GALLO, ANTHONY
Address: 2929 N. UNIVERSITY DRIVE #204
City-St-Zip: CORAL SPRINGS, FL 33065

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: ANTHONY GALLO

VTDP

10/04/2010

Electronic Signature of Signing Officer or Director

Date