

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000059709

**FILED**  
**Mar 04, 2014**  
**Secretary of State**

**Entity Name:** ISLAND CHIROPRACTIC & ACUPUNCTURE INC

**Current Principal Place of Business:**

4625 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

4625 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** 20-4767170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZVI, ELLIOTT DR  
4625 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 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: ELLIOTT ZVI, D.C., LAC.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZVI, ELLIOTT  
Address: 4625 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33021 US

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: DR. ELLIOTT ZVI, D.C. LAC.

PRES

03/04/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date