

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000091346

FILED
Nov 06, 2007
Secretary of State

Entity Name: COLONY CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

7428 S.E. 114TH LANE
BELLEVIEW, FL 34420

New Principal Place of Business:

369 COLONY BOULEVARD
THE VILLAGES, FL 32162

Current Mailing Address:

7428 S.E. 114TH LANE
BELLEVIEW, FL 34420

New Mailing Address:

2000 SE 59TH STREET
OCALA, FL 34480

FEI Number: 20-5349496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIELECKI, MICHELLE M
3465 WEDGEWOOD LANE
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

ZIELECKI, MICHELLE M
2000 SE 59TH STREET
OCALA, FL 34480 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: MICHELLE ZIELECKI

11/06/2007

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: D () Delete
Name: ZIELECKI, MICHELLE M D.C.
Address: 3465 WEDGEWOOD LANE
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ZIELECKI, MICHELLE M D.C.
Address: 2000 SE 59TH STREET
City-St-Zip: OCALA, FL 34480

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: MICHELLE ZIELECKI

DR.

11/06/2007

Electronic Signature of Signing Officer or Director

Date