2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2007
Secretary of State

DOCUMENT# P06000093999

Entity Name: 163RD CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

1546 NE 165 ST
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1546 NE 165 ST
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 71-1031675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANGAR, ROBERT
2548 BLUEGILL STREET
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

COPELAND, DIANE
1546 NE 165 TH ST
ORLANDO, FL 33162 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: DIANE COPELAND 09/28/2007
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: P ( ) Delete
Name: COPELAND, DIANE
Address: 267 N.E. 8TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: VP ( ) Delete
Name: COPELAND, DIANE
Address: 267 N.E.8TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COPELAND, DIANE
Address: 1546 N.E. 165TH ST
City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: VP (X) Change ( ) Addition
Name: COPELAND, DIANE
Address: 1546 N E 165TH ST
City-St-Zip: ORLANDO, FL 33162 US

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: DIANE COPELAND P 09/28/2007
Electronic Signature of Signing Officer or Director Date