

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000102446

FILED
Mar 19, 2008
Secretary of State

Entity Name: KEYS SPINAL DECOMPRESSION CENTER, INC.

Current Principal Place of Business:

8905 OVERSEAS HWY
MARATHON, FL 33050

New Principal Place of Business:

5800 OVERSEAS HIGHWAY #7
MARATHON, FL 33050

Current Mailing Address:

8905 OVERSEAS HWY
MARATHON, FL 33050

New Mailing Address:

5800 OVERSEAS HIGHWAY #7
MARATHON, FL 33050

FEI Number: 20-5332005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: JOSEPH SPIEGEL

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: DPST () Delete
Name: FELTS, MARK R DC
Address: 8905 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: FELTS, MARK R DC
Address: 5800 OVERSEAS HIGHWAY #7
City-St-Zip: MARATHON, FL 33050

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: MARK R FELTS

PRES

03/19/2008

Electronic Signature of Signing Officer or Director

Date