

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000128887

FILED
Oct 14, 2014
Secretary of State

Entity Name: HILL FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

298 SOUTH NOVA ROAD
SUITE E
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

298 SOUTH NOVA ROAD
SUITE E
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-5682808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, MICHAEL L
184 PINE WOODS ROAD
ORMOND BEACH, FL 32174 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: MICHAEL L HILL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HILL, MICHAEL L
Address: 184 PINE WOODS ROAD
City-St-Zip: ORMOND BEACH, FL 32174

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: MICHAEL L HILL

P

10/14/2014

Electronic Signature of Signing Officer or Director

Date