


2008 FOR PROFIT CORPORATION REINSTATEMENT

Ag 1082

DOCUMENT # P07000025655	
1. Entity Name DR. CARL F ADAMS CHIROPRACTOR PHYSICIAN, INC.	

08 NOV 17 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4549 GRAND BLVD NEW PORT RICHEY, FL 34652	Mailing Address 4549 GRAND BLVD NEW PORT RICHEY, FL 34652
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11052008 REIN-P CR2E098 (1/07)

4. FEI Number 20-827429	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADAMS, CARL F DR. 4549 GRAND BLVD NEW PORT RICHEY, FL 34652
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, CARL F 4549 GRAND BLVD NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900138009009 11/17/08--01055--022 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 11/7/08 DAYTIME PHONE: _____

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DR CARL F ADAMS CCIROPRACTOR PHYSICIAN, INC
4549 GRAND BLVD
NEW PRT RICHEY, FL 34652-5120
DOCUMENT# P07000025655

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P O BOX 8700
TALLAHASSEE, FLORIDA 32314

DEAR SIR OR MADAM,

I RECEIVED THIS NOTICE OF DISSOLUTION OR REVOCATION ABOUT MY COMPANY. I WAS NOT AWARE OF THIS ANNUAL FEE TO BE PAID TO THE STATE OF FLORIDA. I AM A NEW COMPANY, WHICH STARTED IN 2007. I HAVE NOT RECEIVED A PROIR NOTICE OF THIS ANNUAL FEE. MY TAX PERSON LIVES IN NORTH CAROLINA AND SHE DID A LOT OF RESEARCH ON THE TAX LAWS IN FLORIDA AND EVEN CALLED THE FLORIDA REVENUE SERVICE TO SEE WHAT FORMS WERE NECESSARY TO FILE TO BE IN COMPLIANCE WITH FLORIDA TAX LAWS, BUT WAS NOT TOLD OF THIS ANNUAL REPORT AND FEE THAT HAS TO BE FILED. SINCE RECEIVING THIS NOTICE WE STILL OR NOT CLEAR ABOUT WHAT FORM TO FILE AND WHEN THIS FORM IS REQUIRED. WE WOULD APPRECIATE ANY INFORMATION THAT YOU COULD PROVIDE US WITH SO THIS WILL NOT HAPPEN AGAIN.

I AM ASKING FOR AN ABATEMENT OF THE PENALTY AND GREATLY APPRECIATE YOUR HELP IN THIS MATTER.

I AM ENCLOSING A CHECK FOR \$150.00 WHICH I UNDERSTAND IS THE ANNUAL FEE THAT IS DUE EACH YEAR.

SINCERELY


DR CARL F ADAMS