

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000002376

**FILED**  
**Nov 22, 2011**  
**Secretary of State**

**Entity Name:** WEST COAST CHIROPRACTIC & MEDICAL CENTER INC

**Current Principal Place of Business:**

8502 NORTH ARMENIA AVE  
2B  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

8502 NORTH ARMENIA AVE  
2B  
TAMPA, FL 33604

**New Mailing Address:**

7927 SPRING VALLEY DR  
TAMPA, FL 33615

**FEI Number:** 26-1694413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAZQUEZ, HECTOR M  
8502 NORTH ARMENIA AVE  
2B  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

VAZQUEZ, HECTOR M  
7927 SPRING VALLEY DR  
TAMPA, FL 33615 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: ANGEL TRONCOSO

11/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VAZQUEZ, HECTOR M  
Address: 7927 SPRING VALLEY DR  
City-St-Zip: TAMPA, FL 33615

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: HECTOR M VAZQUEZ

DR

11/22/2011

Electronic Signature of Signing Officer or Director

Date