

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000008712

FILED
Oct 05, 2009
Secretary of State

Entity Name: AMERICAN BEST CLINIC INC

Current Principal Place of Business:

4025 WEST WATERS AVE
UNIT 105
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4025 WEST WATERS AVE
UNIT 105
TAMPA, FL 33614

New Mailing Address:

FEI Number: 26-1809474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVERA, DOE
4025 W WATER AVE
TAMPA, FL 33614 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: DOE RIVERA

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: ERCIA, EDUARDO
Address: 6301 MEMORIAL HWY STE 204
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDUARDO ERCIA

P

10/05/2009

Electronic Signature of Signing Officer or Director

Date