

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000034524

**FILED**  
**Oct 19, 2009**  
**Secretary of State**

**Entity Name:** REGENCY REHAB & CHIRO CLINIC INC

**Current Principal Place of Business:**

763 UNIVERSITY BLVD  
N JACKSONVILLE, FL 32211

**New Principal Place of Business:**

763 UNIVERSITY BLVD NORTH  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

PO BOX 550908  
ORLANDO, FL 32855 US

**New Mailing Address:**

**FEI Number:** 26-2331855      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MC KENZIE, JUDITH C  
2012 OVERLOOK DR  
WINTER HAVEN, FL 33884 US

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

MCKENZIE, JUDITH C  
2012 OVERLOOK DR  
WINTER HAVEN, FL 33884 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: JUDITH C MCKENZIE

10/19/2009

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: MC KENZIE, JUDITH C  
Address: 2012 OVERLOOK DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MCKENZIE, JUDITH C  
Address: 2012 OVERLOOK DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: SEC ( ) Change (X) Addition  
Name: MCKENZIE, JUDITH C  
Address: 2012 OVERLOOK DR  
City-St-Zip: WINTER HAVEN, FL 33884

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: JUDITH C MCKENZIE

P

10/19/2009

Electronic Signature of Signing Officer or Director

Date