2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2009
Secretary of State

DOCUMENT# P08000037338

Entity Name: SUNSHINE CHIROPRACTIC & MEDICAL CENTER, INC.

Current Principal Place of Business:

5100 W. COMMERCIAL BLVD
SUITE 14
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

5100 W. COMMERCIAL BLVD
SUITE 14
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 26-2385405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONOFF, ERIK
2803 NE 15 ST
POMPANO BEACH, FL 33062 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: BONOFF ERIK

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,S ( ) Delete
Name: BONOFF, ERIK
Address: 2803 NE 15 ST
City-St-Zip: POMPANO BEACH, FL 33062

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: BONOFF ERIK P,S 10/20/2009

Electronic Signature of Signing Officer or Director Date