

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000043337

**FILED**  
**Nov 30, 2011**  
**Secretary of State**

**Entity Name:** GARCIA CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

1835 NE MIAMI GARDENS DRIVE  
#272  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

108 SE 8TH AVENUE. UNIT#100  
#100  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1835 NE MIAMI GARDENS DRIVE  
#272  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

108 SE 8TH AVENUE  
#100  
FORT LAUDERDALE, FL 33301

**FEI Number:** 83-0511611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, JUAN C  
1835 NE MIAMI GARDEN DRIVE  
#272  
NORTH MIAMI BEACH, FL 33179 US

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

GARCIA, JUAN C  
108 SE 8TH AVENUE  
#100  
FORT LAUDERDALE, FL 33301 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: JUAN C. GARCIA

11/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: GARCIA, JUAN C  
Address: 108 SE 8TH AVENUE  
City-St-Zip: #100, FL 33301

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: JUAN GARCIA

DR.

11/30/2011

Electronic Signature of Signing Officer or Director

Date