

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000063777

FILED
Nov 02, 2014
Secretary of State

Entity Name: BEDFORD NORTH CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

611 N. MILLS AVE
UNIT 533477
ORLANDO, FL 32853

New Principal Place of Business:

2255 S.E. VETERANS MEMORIAL PARKWAY
#7501
PORT ST. LUCIE, FL 34952

Current Mailing Address:

611 N. MILLS AVE
UNIT 533477
ORLANDO, FL 32853

New Mailing Address:

2255 S.E. VETERANS MEMORIAL PARKWAY
#7501
PORT ST. LUCIE, FL 34952

FEI Number: 26-2917467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUDETTE, SUE
611 N. MILLS AVE
ORLANDO, FL 32853 US

Name and Address of New Registered Agent:

AUDETTE, SUE
2255 S.E. VETERANS MEMORIAL PARKWAY
#7501
PORT ST. LUCIE, FL 34952 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: SUE AUDETTE

11/02/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: AUDETTE, SUE
Address: 2255 S.E. VETERANS MEMORIAL PARKWAY #7501
City-St-Zip: PORT ST. LUCIE, FL 34952

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: SUE AUDETTE

PRES

11/02/2014

Electronic Signature of Signing Officer or Director

Date