

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000074863

**FILED**  
**Jan 18, 2013**  
**Secretary of State**

**Entity Name:** WALLEN CHIROPRACTIC CENTRE, INC.

**Current Principal Place of Business:**

MAINLANDS OFFICE COMPLEX-9375 US HWY NO 19  
STE B  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

9375 US HWY 19 NO, SUITE B  
MAINLANDS OFFICE COMPLEX  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

MAINLANDS OFFICE COMPLEX-9375 US HWY NO 19  
STE B  
PINELLAS PARK, FL 33782

**New Mailing Address:**

9375 US HWY 19 NO, SUITE B  
MAINLANDS OFFICE COMPLEX  
PINELLAS PARK, FL 33782

**FEI Number:** 26-3230945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLEN, IDA S  
7475 DANBURY WAY  
CLEARWATER, FL 33764 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: IDA S. WALLEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALLEN, IDA S  
Address: 7475 DANBURY WAY  
City-St-Zip: CLEARWATER, FL 33764

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: IDA S. WALLEN

PRES

01/18/2013

Electronic Signature of Signing Officer or Director

Date