

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000096818

FILED
Oct 16, 2012
Secretary of State

Entity Name: SHEMANSKY CHIROPRACTIC, P.A.

Current Principal Place of Business:

3501 HEALTH CENTER BLVD, SUITE 2430
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 366235
BONITA SPRINGS, FL 34136

New Mailing Address:

FEI Number: 59-3701954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEMANSKY, CHIP T
3501 HEALTH CENTER BLVD, SUITE 2430
BONITA SPRINGS, FL 34135 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: CHIP SHEMANSKY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SHEMANSKY, CHIP T
Address: 3501 HEALTH CENTER BLVD, SUITE 2430
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR
Name: ARMSTRONG, LEE ANN
Address: 3501 HEALTH CENTER BLVD., SUITE 2430
City-St-Zip: BONITA SPRINGS, FL 34135

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: CHIP SHEMANSKY

Electronic Signature of Signing Officer or Director

D

10/16/2012

Date