

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000002539

**FILED**  
**Sep 10, 2014**  
**Secretary of State**

**Entity Name:** METRO MEDICAL & CHIROCARE, INC.

**Current Principal Place of Business:**

3660 CENTRAL AVENUE  
SUITE 1  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3660 CENTRAL AVENUE  
SUITE 1  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 26-4003723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALERE, GERARD  
3660 CENTRAL AVE  
SUITE 1  
FORT MYERS, FL 33901 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:** GERARD VALERE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** VALERE, GERARD  
**Address:** 3660 CENTRAL SUITE 1  
**City-St-Zip:** FORT MYERS, FL 33901 US

**Title:** S  
**Name:** EDOUARD, FRITZ  
**Address:** 3660 CENTRAL AVE - SUITE 1  
**City-St-Zip:** FORT MYERS, FL 33901 US

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:** GERARD VALERE

P

09/10/2014

Electronic Signature of Signing Officer or Director

Date