

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000013383

**FILED**  
**Dec 20, 2010**  
**Secretary of State**

**Entity Name:** LERNER FAMILY CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

11241 E. COLONIAL DRIVE, SUITE 210  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

11241 E. COLONIAL DRIVE, SUITE 210  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 26-4240663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNN B. AUST, P.L.  
1220 E. LIVINGSTON STREET  
ORLANDO, FL 32803 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:** LYNN B. AUST

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LERNER, DR. RICHARD  
**Address:** 11241 E. COLONIAL DRIVE, SUITE 210  
**City-St-Zip:** ORLANDO, FL 32817 US

**Title:** VP  
**Name:** LERNER, DR. ALICIA  
**Address:** 11241 E. COLONIAL DRIVE, SUITE 210  
**City-St-Zip:** ORLANDO, FL 32817 US

**Title:** T  
**Name:** LERNER, DR. ALICIA  
**Address:** 11241 E. COLONIAL DRIVE, SUITE 210  
**City-St-Zip:** ORLANDO, FL 32817 US

**Title:** S  
**Name:** LERNER, DR. RICHARD  
**Address:** 11241 E. COLONIAL DRIVE, SUITE 210  
**City-St-Zip:** ORLANDO, FL 32817 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:** RICHARD LERNER

P

12/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date