2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 12, 2010
Secretary of State

DOCUMENT# P09000060805

Entity Name: NAPLES CHIROPRACTIC SERVICES, INC.

Current Principal Place of Business:

690 20 AVE.220 N.E.
NAPLES, FL 34120

New Principal Place of Business:

3435 10TH STREET N
SUITE # 302
NAPLES, FL 34103

Current Mailing Address:

690 20 AVE.220 N.E.
NAPLES, FL 34120

New Mailing Address:

3435 10TH STREET N
SUITE # 302
NAPLES, FL 34103

FEI Number: 27-0559897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUSANNO, JOANN DC
690 20 AVE. N.E.
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

SUSANNO, JOANN DC
3435 10TH STREET N
NAPLES, FL 34103 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: JOANN SUSANNO DC 11/12/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: SUSANNO, JOANN DC
Address: 3435 10TH STREET N, SUITE # 302
City-St-Zip: NAPLES, FL 34103

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: JOANN SUSANNO DC P 11/12/2010
Electronic Signature of Signing Officer or Director Date