

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000060751

FILED
Sep 30, 2014
Secretary of State

Entity Name: ATLAS INJURY CENTER INC.

Current Principal Place of Business:

1817 US HWY 19 SOUTH
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

P.O BOX 815
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 30-0640475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINARDOS, LEONARD M
734 BASHORE DR
TARPON SPRINGS, FL 34689 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: LEONARD M LINARDOS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEONARD, LIANRDOS M DC
Address: 734 BASHORE DR
City-St-Zip: TARPON SPRINGS, FL 34689

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: LEONARD M LINARDOS

MR

09/30/2014

Electronic Signature of Signing Officer or Director

Date