

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000079905

**FILED**  
**Apr 26, 2013**  
**Secretary of State**

**Entity Name:** GABALDON CHIROPRACTIC P.A.

**Current Principal Place of Business:**

1376 LAKE BALDWIN LANE  
ORLANDO, FL 32814

**New Principal Place of Business:**

1376 LAKE BALDWIN LANE, UNIT B  
ORLANDO, FL 32814

**Current Mailing Address:**

1376 LAKE BALDWIN LANE  
ORLANDO, FL 32814

**New Mailing Address:**

1376 LAKE BALDWIN LANE, UNIT B  
ORLANDO, FL 32814

**FEI Number:** 36-4687674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GABALDON, CYNTHIA  
1504 CROSSBEAM CIRCLE  
CASSELBERRY, FL 32707 US

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

GABALDON, CYNTHIA  
1384 LAKE BALDWIN LANE, UNIT A  
ORLANDO, FL 32814 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: CYNTHIA GABALDON

04/26/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GABALDON, CYNTHIA  
Address: 1384 LAKE BALDWIN LANE, UNIT A  
City-St-Zip: ORLANDO, FL 32814

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: CYNTHIA GABALDON

P

04/26/2013

Electronic Signature of Signing Officer or Director

Date