2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 17, 2012
Secretary of State

DOCUMENT# P10000088702

Entity Name: RIVERO CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

8810 FONTAINE BLEAU BLVD.
NO. 109
MIAMI, FL 33192 US

New Principal Place of Business:

1918 SW 57 AVE
MIAMI, FL 33155 US

Current Mailing Address:

8810 FONTAINE BLEAU BLVD.
NO. 109
MIAMI, FL 33192 US

New Mailing Address:

1918 SW 57 AVE
MIAMI, FL 33155 US

FEI Number: 27-3836386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERO, ALBERTO
8810 FONTAINE BLEAU BLVD.
NO. 109
MIAMI, FL 33172 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: ALBERTO RIVERO
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P,D
Name: RIVERO, ALBERTO
Address: 8810 FONTAINE BLEAU BLVD. #109
City-St-Zip: MIAMI, FL 33172

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: ALBERTO RIVERO DR. 04/17/2012
Electronic Signature of Signing Officer or Director Date