2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 12, 2013
Secretary of State

DOCUMENT# P11000090548

Entity Name: FAMILY CARE CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

2430 SHADOWLAWN DRIVE
SUITE 11
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

2430 SHADOWLAWN DRIVE
SUITE 11
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 45-3608043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCOIS, EDA
2430 SHADOWLAWN DRIVE
SUITE 11
NAPLES, FL 34112 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: EDA FRANCOIS

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S
Name: FRANCOIS, EDA
Address: 2430 SHADOWLAWN DRIVE STE 11
City-St-Zip: NAPLES, FL 34112 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: EDA FRANCOIS MRS 12/12/2013

Electronic Signature of Signing Officer or Director Date