

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000053691

FILED
Jan 04, 2013
Secretary of State

Entity Name: OLDE NAPLES CHIROPRACTIC HEALTH CENTER, INC.

Current Principal Place of Business:

689 TAMiami TRAIL NORTH
STE. D
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

689 TAMiami TRAIL NORTH
STE. D
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0503821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBS, MICHAEL
689 TAMiami TRAIL NORTH
STE. D
NAPLES, FL 34102 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: MICHAEL DEBS DC

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: DEBS, MICHAEL E
Address: 7101 TIMBERLAND CIRCLE
City-St-Zip: NAPLES, FL 34109

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: MICHAEL E DEBS DC

PRES

01/04/2013

Electronic Signature of Signing Officer or Director

Date