


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 14 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000015003					
1. Entity Name CHIROPRACTIC LIFE CENTER, P.A.					
Principal Place of Business 2183 MARINER BLVD. SPRING HILL, FL 34609 US			Mailing Address 2183 MARINER BLVD. SPRING HILL, FL 34609 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 31-1429308	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLENN, CHARLES R 2183 MARINER BLVD. SPRING HILL, FL 34609				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Charles R Glenn</i>				DATE: <i>10/12/05</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTS	<input type="checkbox"/> Delete	TITLE	100060634011	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN, CHARLES R		NAME	10/14/05--01072--002	**158.75
STREET ADDRESS	2183 MARINER BLVD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Charles R Glenn</i>				Date: <i>10/12/05</i> Daytime Phone #: <i>352-686-2554</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

10/18/05