## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P97000108195

Entity Name: FIRST CARE CHIROPRACTIC CENTER, INC.

FILED Oct 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:		of Business:	
1011 W. OAK RIDGE RD STE D ORLANDO, FL 32809			
Current Mailing Address: New Mailing Address:		<b>::</b>	
1011 W. OAK RIDGE RD STE D ORLANDO, FL 32809			
FEI Number: 59-3488409 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
DIETZ, WILLIAM J 334 SOUTH WYMORE RD. SUITE B WINTER PARK, FL 32789 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: WILLIAM J. DIETZ			
Electronic Signature of Registered Ager	nt	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:         D ( ) Delete           Name:         AUXILA, JEAN F           Address:         1601 CELLENY COURT           City-St-Zip:         KISSIMMEE, FL 34744	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEAN F. AUXILA D 10/08/2009