

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000085149

FILED
Oct 03, 2011
Secretary of State

Entity Name: AFFORDABLE CHIROPRACTIC CARE CENTER, INC.

Current Principal Place of Business:

330 NW 76TH DR.
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

330 NW 76TH DR.
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3598609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOEHN, JOHN TIMOTHY
330 NW 76TH DR.
GAINESVILLE, FL 32606 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: JOHN T. HOEHN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HOEHN, JOHN TIMOTHY
Address: 330 NW 76TH DR
City-St-Zip: GAINESVILLE, FL 32606

Title: V
Name: HOEHN, KIMBERLY L
Address: 330 NW 76TH DR
City-St-Zip: GAINESVILLE, FL 32606

Title: ST
Name: HOEHN, WILLIAM
Address: 330 NW 76 DR
City-St-Zip: GAINESVILLE, FL 32606

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: JOHN T. HOEHN

Electronic Signature of Signing Officer or Director

PD

10/03/2011

Date