2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S03452

FILED Sep 19, 2006 Secretary of State

Entity Name: WESTON CHIROPRACTIC CENTER ONE, INC.

Current Principal Place of Business: New Principal Place of Business:

1875 NORTH CORPORATE LAKES BLVD. WESTON, FL 33326

Current Mailing Address: New Mailing Address:

1875 NORTH CORPORATE LAKES BLVD. WESTON, FL 33326

FEI Number: 65-0225820 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:

FRANCAVILLA, JOHN
2325 DESOTO DRIVE
FT. LAUDERDALE, FL 33301 US
FT. LAUDERDALE, FL 33312 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: DR JOHN FRANCAVILLA 09/19/2006

Electronic Signature of Registered Agent 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/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

Name:FRANCAVILLA, JOHNName:FRANCAVILLA, JOHNAddress:2325 DESOTO DRIVEAddress:1016 WAVERLY ROADCity-St-Zip:FT. LAUDERDALE, FL 33301City-St-Zip:FT. LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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: DR JOHN FRANCAVILLA PRES 09/19/2006