

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S80063 1. Entity Name EJM-KSM CORPORATION						FILED 05 OCT 10 PM 1:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7500 BRYAN DAIRY RD SUITE A LARGO, FL 33777 US				Mailing Address 7500 BRYAN DAIRY RD SUITE A LARGO, FL 33777 US			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
10052005 REIN-P CR2E098 (6/04)				4. FEI Number 59-3087911			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent MADOW, EVAN J. 7652 HUNTER LANE PINELLAS PARK, FL 33782				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits the 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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 10/5/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	DP MADOW, EVAN J. 7652 HUNTER LANE PINELLAS PARK, FL 33782			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100060456771 10/10/05--01076--002 **150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MADOW, EVAN 7652 HUNTER LANE PINELLAS PARK, FL 33782			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 or other like empowered.							
SIGNATURE:				DATE: 10/5/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EVAN J. MADOW DC				Daytime Phone # 727-548-8100			



Florida Health & Wellness Centers

October 5, 2005

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

RE: EIN# 59-3087911 Document # S80063

We recently received our first notice regarding renewing our 2005 annual report and have been informed it is now in the process of being dissolved by the state. We want to maintain EJM-KSM Corporation as an entity with the state and since we have not received any prior notification, we are submitting our completed report with a check for \$150.00, as originally required.

Thank you,

Dr. Evan J. Madow

Please reply to:
☒ 7500 Bryan Dairy Road, Suite A Largo, FL 33777
Fax (727) 548-8112 **Office (727) 399-8949**

www.flhealthandwellness.com

☐ 1283 Bruce B. Downs Blvd. New Tampa, FL 33543
Fax (727) 548-8112 **Office (813) 994-6111**

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