

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V46604

FILED
Nov 19, 2010
Secretary of State

Entity Name: CHIROPRACTIC HEALTH CENTER OF KEY WEST, P.A.

Current Principal Place of Business:

3154 NORTHSIDE DRIVE
102
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

3154 NORTHSIDE DRIVE
102
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0342587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, JONATHAN R
19 ALLAMANDA TERRACE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MEYERS, JONATHAN R
3154 NORTHSIDE DR.
102
KEY WEST, FL 33040 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: JONATHAN MEYERS

11/19/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: MEYERS, JONATHAN R
Address: 3154 NORTHSIDE DR. #102
City-St-Zip: KEY WEST, FL 33040 US

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: JONATHAN MEYERS

DR.

11/19/2010

Electronic Signature of Signing Officer or Director

Date