

2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P14000018669

Entity Name: WESTSIDE CHIROPRACTIC CENTER INC

Current Principal Place of Business:

977 N. NOB HILL ROAD
PLANTATION, FL 33324

Current Mailing Address:

977 N. NOB HILL ROAD
PLANTATION, FL 33324

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWEN, LISA I
977 N. NOB HILL ROAD
PLANTATION, FL 33324 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: LISA I. OWEN

10/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	P
Name	OWEN, LISA I	Name	OWEN, LISA I
Address	977 N. NOB HILL ROAD	Address	977 N. NOB HILL ROAD
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324

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: LISA I. OWEN

P

10/23/2015

Electronic Signature of Signing Officer/Director Detail

Date