K55389

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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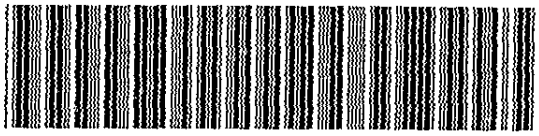

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NARDELLA CHONG
A PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

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June 22, 2004

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: ***Claire D. Schill, D.C.***
Statement of Change of Registered Office/Agent
Document No.: JK55389

Dear Clerk:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations along with this firm's check no. 6794 in the amount of $35.00 to defray the filing fee.

Please forward the acknowledgment of filing to the undersigned. We have enclosed a stamped, self-addressed envelope for your convenience.

If you have any questions or concerns, please contact me.

Very sincerely yours,

Jean Womble

Jean Womble
Paralegal

BJW/sn
Enclosure
Y:\SAVE FILES HERE!\CLIENT MATTERS\ESTATE PLANNING\WILLS ONLY\SCHILL, CLAIRE\statemnt of change of registered office.ltr.wpd

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Claire D. Schill, D.C., P.A.
(Name of corporation)

DOCUMENT NUMBER: K55389

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony M. Nardella, Jr., Esq.
(Name of person)

Nardella Chong, P.A.
(Name of firm/company)

234, N. Westmonte Drive, Suite 3000
(Address)

Altamonte Springs, Florida 32714
(City/state and zip code)

For further information concerning this matter, please call:

Anthony M. Nardella, Esq. at (407) 786-2700
(Name of person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(09/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Claire D. Schill, D.C., P.A.

2. The principal office address: 480 East S.R. 436, Casselberry, Florida 3270

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/27/1988 Document number: K55389

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Claire D. Schill, D.C.

1935 Semoran Blvd.

Winter Park, Florida 32792

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Claire D. Schill, D.C.

480 East S.R. 436

(P.O. Box or personal mailbox NOT acceptable)

Casselberry, Florida 32707

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Claire D. Schill D.C. — Claire D. Schill, D.C., President

(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Claire D. Schill D.C. — June 17, 2004

(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314