## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Account Name

: NASON, YEAGER, GERSON, WHITE & LIOCE,

Account Number : 073222003555

Phone

: (561)686-3307

Fax Number

: (561)686-5442

REGISTERED AGENT CHANGE CFAMILY CHIROPRACTIC CENTER OF WEST LAKE WORTH, P.A.

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\$87.50

## 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,
the undersigned corporation organized under the laws of the State ofFlorida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.  1. The name of the corporation: Family Chiropractic Center of West Lake Worth, P.A.
1, the name of the corporation; ramitty chilippractic center of west have worth, T.A.
2. The mailing address of the corporation: 3938 Pinehurst Drive
Greenacres, Florida 33467
3. Date of incorporation/qualification: August 5, 1987 Document number: J85707
4. The name and address of the current registered agent and office:
Salvatore D. LaRusso, D.C
3938 Pinehurst Drive
Greenzores, Florida 33467
5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
Dexter D. DiMarco, D.C.
3938 Pinehurst Drive
Greenacres, Florida 33467
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.
(Signature of an officer designan or vice chairman of the hourd)  February 7,2002
(Signature of an officer, dialeman or vice chairman of the board) (Dec)
Dexter D. DiMarco, D.C., President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation. 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.
(Signature of registered Agent)  (Signature of registered Agent)  (Date)
(2007)
If signing on behalf of an entity: President
Dexter D. DiMarco, D.C., Registered Agent (Typed or Printed Name) (Capacity)