

N/96000000/358

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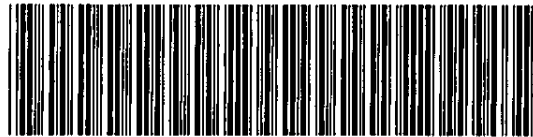
(Business Entity Name)

(Document Number)

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2007 FEB -5 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts FEB 05 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Thank you

January 23, 2007

DR JOSEPH J. ALTOMARE
CHIROPRACTIC CARE INDEPENDENT PRACTICE
10175 FORTUNE PKWY STE 1001
JACKSONVILLE, FL 32256

SUBJECT: CHIROPRACTIC CARE INDEPENDENT PRACTICE ASSOCIATION,
INC.
Ref. Number: N96000001358

We have received your document for CHIROPRACTIC CARE INDEPENDENT PRACTICE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 707A00005379

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHIROPRACTIC CARE INDEPENDENT PRACTICE ASSOC. INC
(Name of Corporation)

DOCUMENT NUMBER: N 96000001358

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:

DR. JOSEPH J. ALTOMARE

(Name of Contact Person)

CHIROPRACTIC CARE INDEPENDENT PRACTICE ASSOC. INC.

ALTOMARE CHIROPRACTIC CENTER, PA

(Firm/Company)

10175 FORTUNE PARKWAY STE 1001

(Address)

JACKSONVILLE, FL. 32206

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. JOSEPH ALTOMARE

(Name of Contact Person)

at (904) 464-0319

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: CHINOPACIFIC CARE INDEPENDENT PRACTICE (Assoc) Inc. ^{ASSOCIATION,}
2. The principal office address: 10175 FORTUNE PARKWAY SUITE 1001
JACKSONVILLE, FL. 32256
3. The mailing address (if different): S.A.A.

4. Date of incorporation/qualification: 03-12-1996 ~~(10-16-2000)~~ Document number: N 96000001358

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

ALTMARE, JOSEPH J. ^{ASSOCIATION}
~~CHINOPACIFIC CARE INDEPENDENT PRACTICE (Assoc) Inc.~~
9770 OLD BAYMEADOWS RD STE 139
JACKSONVILLE, FL. 32256

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

ALTMARE, JOSEPH J.
~~CHINOPACIFIC CARE INDEPENDENT PRACTICE Assoc. Inc.~~
10175 FORTUNE PARKWAY SUITE 1001
(P.O. Box NOT acceptable)
JACKSONVILLE, FL. 32256

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

[Signature]
(Signature of an officer or director)

DR. JOSEPH J. ALTMARE
(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.

[Signature]
(Signature of Registered Agent)

1-18-07
(Date)

If signing on behalf of an entity:

DR. JOSEPH J. ALTMARE
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)