

TRANSMITTAL LETTER
P01000020272

To: Amendment Section
 Division of Corporations

SUBJECT: CITADEL CHIROPRACTIC PA
 (Name of corporation)

DOCUMENT NUMBER: P01000020272

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:

Wedler A. AlexANDRE
 (Name of person)

CITADEL CHIROPRACTIC PA
 (Name of firm/company)

444 W BOYNTON Beach BLVD, Suite E
 (Address)

BOYNTON Beach FL 33435
 (City/state and zip code)

For further information concerning this matter, please call:

Wedler A. AlexANDRE at (561) 752-5354
 (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

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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: CITADEL CHIROPRACTIC, PA
2. The principal office address: 444 W. BOYNTON Beach BLVD. STE
BOYNTON Beach FL 33435
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 2/26/01 Document number: P01000020272

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

MARK HOLLANDER
11410 N. KENDALL Drive #207
MIAMI FL 33176

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

Wedler A. Alexandre
444 W. BOYNTON Beach BLVD Suite
BOYNTON Beach FL 33435

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 of an officer, chairman or vice chairman of the board)

(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 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 AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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