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Requester's Name

9/5
MOHAMMAD A. ALMOMANI, M.D.
JASMINE CHELATION CENTER, INC.
917 NW 13TH STREET
GAINESVILLE, FL 32601

City/State/Zip

Phone #

352-380-2446

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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DIVISION OF CORPORATIONS
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RO/RACHANGE

Examiner's Initials

Ca

11.7.01



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 25, 2001

915 MOHAMMAD A. ALMOMANI, M.D.
JASMINE CHELATION CENTER INC
817 NW 13TH STREET
GAINESVILLE, FL 32601

We have received your document for JASMINE CHELATION CENTER, 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):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

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) 245-6050.

Irene Albritton
Document Specialist

Letter Number: 801A00058847

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DIVISION OF CORPORATIONS

**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 of Florida 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 : Jasmine Chelation Center, Inc.
2. The mailing address of the corporation : 915 NW. 13th Street
Gainesville FL 32601
3. Date of incorporation/qualification: March 12, 2001 Document number: PO1000026318
4. The name and address of the current registered agent and registered office:
Stephen C. L. Chong
605 E. Robinson St. Suite 510,
Orlando, FL 32801
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
MOHAMMAD A. ALMOMANI, MD
915 NW. 13th Street
Gainesville FL 32601.

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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.

Almomanis
(Signature of an officer, chairman or vice chairman of the board)

11/5/2001
(Date)

MOHAMMAD A. ALMOMANI, MD, President and owner.
(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.

Almomanis
(Signature of Registered Agent)

11/5/2001
(Date)

MOHAMMAD A. ALMOMANI, MD

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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