

P040000036823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

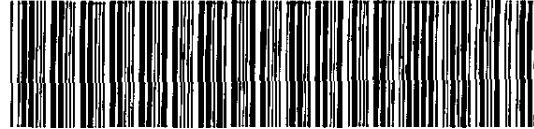
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dr. Dean Sutherland
Chiropractic Physician
4916 26th Street West, Suite 200
Bradenton, FL 34207

Phone: (941) 755-1581
Fax : (941) 758-3577

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

Re: Chiropractic Injury and Recovery Center
DOC# P04000036823
FEI# 200783038

Dear Ma'am or Sir:

I need to change the address my corporation is listed with your department under the "registered agent" section. I have moved since my last annual report update. My new address is: Sutherland, Dean S.

310 Salvia Court
Bradenton, FL 34212

Accompanying this letter is a copy of a recent utility bill reflecting this change. At this time, the corporation's mailing and principle address remain the same.

Thank you for your time.

Sincerely,


Dr. Dean Sutherland

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chiropractic Injury and Recovery Center
(Name of Corporation)

DOCUMENT NUMBER: P 04000036823

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:

Dean Sutherland
(Name of Contact Person)

Chiropractic Injury and Recovery Center
(Firm/Company)

4916 26th St W Suite 200
(Address)

Bradenton, FL 34207
(City/State and Zip Code)

For further information concerning this matter, please call:

Dean Sutherland at (941) 755-1581
(Name of Contact 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
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Chiropractic Injury and Recovery Center
2. The principal office address: 4916 26th St W. Suite 200
Bradenton, FL 34207
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/26/2004 Document number: P 04000036823

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

Sutherland, Dean S.
4105 51st Drive W
Bradenton, FL 34210

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

Sutherland, Dean S.
310 Salvia Court
(P.O. Box NOT acceptable)
Bradenton, FL 34212

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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 authorized officer or director)

Dr. Dean Sutherland
(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)

10/11/05
(Date)

If signing on behalf of an entity:

(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