

PO4000087676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

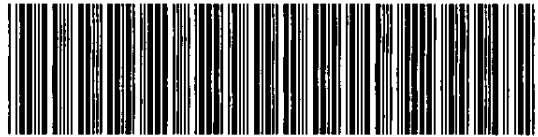
(Business Entity Name)

(Document Number)

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11/14/08--01003--003 **25.00

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08 DEC -2 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENCL 12/4/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: East Oakland Chiropractic P.A.
(Name of Corporation)

DOCUMENT NUMBER: P04000087676

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:

David Buchthal
(Name of Contact Person)

East Oakland Chiropractic
(Firm/Company)

6550 S. US1
(Address)

Port St. Lucie FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

David Buchthal at (954) 865-4555
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2008

DAVID BUCHTHAL
501 NE 21ST AVE. #5
DEERFIELD BEACH, FL 33441

SUBJECT: EAST OAKLAND CHIROPRACTIC, P.A.
Ref. Number: P04000087676

We have received your document for EAST OAKLAND CHIROPRACTIC, P.A. and your check(s) totaling \$25.00. 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.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

A balance of \$10.00 is due.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 108A00057905

**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: East Oakland Chiropractic, P.A.
2. The principal office address: 440 E. Sample Rd, Suite 105
Pompano Beach, FL 33064
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6-4-04 Document number: P04000087676

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

David Buchthal
367 Smallwood Ave
Fort Pierce, FL 34982

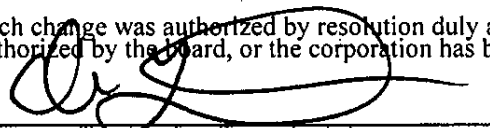
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TALLAHASSEE, FLORIDA

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

David Buchthal
440 E. Sample Rd, Suite 105
(P.O. Box NOT acceptable)
Pompano Beach, FL 33064

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 or director)

David Buchthal D.C.
(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)

11/23/08
(Date)

If signing on behalf of an entity:

David Buchthal
(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