

PO4000114222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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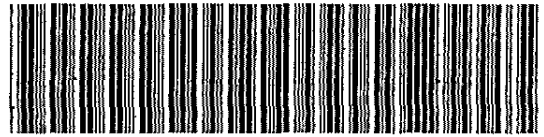
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: BROADWAY Chiropractic Center, Inc.
(Name of corporation)

DOCUMENT NUMBER: P 04000114222

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:

RONALD WALTERS
(Name of contact person)

R J WALTERS & CO PA
(Firm/Company)

11555 HERON BAY BLVD #200
(Address)

CORAL SPRINGS FL 33076
(City/state and zip code)

For further information concerning this matter, please call:

RON WALTERS at 954, 234 0447
(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
409 E. Gaines Street
Tallahassee, FL 32399

**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: BROADWAY CHIROPRACTIC CENTER, INC.
2. The principal office address: 2800 BROADWAY
RIVIERA Bch, FLORIDA 33419
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/04/04 Document number: P04000114222

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

Anthony Crothers
5330 SW 186 AVE
Southwest Ranches, FL 33332

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

STEVE KARM
2800 BROADWAY
(P.O. Box NOT acceptable)
RIVIERA Bch, FLORIDA 33419

DEPARTMENT 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.

Steve Karm
(Signature of an officer or director)

Steve Karm
(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.

Steve Karm
(Signature of Registered Agent)

11-5-04
(Date)

If signing on behalf of an entity:

STEVE KARM
(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