

P 05000030055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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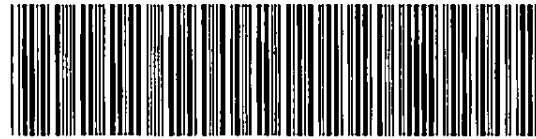
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Central Florida Medical & Clinispractic Center  
Name of Corporation

**DOCUMENT NUMBER:** PO5000030055

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:

Khang Leotta  
Name of Contact Person  
Central Florida Medical & Clinispractic Center  
Firm/Company  
11437 Waterskno Loop Drive  
Address  
Windermere, FL 34786  
City/State and Zip Code  
drkhangleotta@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Khang Leotta at (813) 545-4431  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Central Florida Medical & Chiropractic Center, Inc.  
2. The principal office address: 5287 Alhambra Dr Orlando, FL 32808  
3. The mailing address (if different): ~~1457~~ SAME

4. Date of incorporation/qualification: 2/28/05 Document number: P05000030055  
5/24/2013 merged  
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)

Mary Leatta  
1863 Bridgewater Dr.  
Lake Mary, FL 32746

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

Mary Leatta  
11437 Watstone Loop Dr  
Windermere, FL 34786

P.O. Box NOT acceptable

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.

Mary Leatta  
Signature of an officer or director

Mary Leatta (VP)  
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.

Mary Leatta  
Signature of Registered Agent

11/28/17  
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

CR2E045 (03/12)