

PO60000003090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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RA Address
Change

08/19/13--01006--027 **35.00

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2013 AUG 19 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DDR
8/22/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Worth Emergency Chiropractic Center, PA
Name of Corporation

DOCUMENT NUMBER: P06000003090

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:

George Larivee

Name of Contact Person

Lake Worth Emergency Chiropractic Center, PA

Firm/Company

4307 10th Ave. N.

Address

Lake Worth, FL 33461

City/State and Zip Code

gentlecarinhands@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Kalfin

Name of Contact Person

at (561) 966-1775

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: Lake Worth Emergency Chiropractic Center, PA
2. The principal office address: 4307 10th Ave. N., Lake Worth, FL 33461

3. The mailing address (if different): PO Box 5815
Lake Worth, FL 33461

4. Date of incorporation/qualification: 1/6/2006 Document number: P06000003090

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)

George Larivee

3850 Lake Worth Road, Suite 2

Lake Worth, FL 33461

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

4307 10th Ave. N.

P.O. Box NOT acceptable

Lake Worth, FL 33461

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

GEORGE LARIVEE, D, P
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

8/14/2013
Date

If signing on behalf of an entity:

George Larivee
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)

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