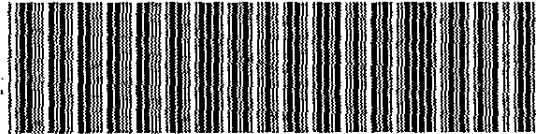


PO6000063782

Natalie Meiri-DC
Meiri Chiropractic PA
PO BOX 33721
Palm Beach Gardens FL 33420



400077817724

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Meiri Chiropractic, P.A.

2. The mailing address of the corporation : P.O. Box # 33721
Palm Beach Gardens, FL 33420

3. Date of incorporation/qualification: 5/4/06 Document number: PO6000063782

4. The name and address of the current registered agent and registered office:
Jeffrey Meiri, M.S., D.C.

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5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
11585 US Highway 1 Suite 208
North Palm Beach FL 33408
(P.O. Box NOT Acceptable)

Only Item
changed

Jeffrey Meiri, M.S., D.C.

11575 US Highway 1, Suite 208
North Palm Beach FL 33408

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.

Natalie Meiri, D.C.

(Signature of an officer, chairman or vice chairman of the board)

Natalie Meiri, D.C.

V.P. Meiri Chiropractic P.A.

(Printed or typed name and title)

7/20/06
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Jeffrey Meiri, M.S., D.C.
(Signature of Registered Agent)

7/20/06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***