

PD6000090413

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Boca Raton Acupuncture PA  
Name of Corporation

DOCUMENT NUMBER: PO6000090463

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:

Dr. Steven James D.C.  
Name of Contact Person

Boca Raton Acupuncture PA  
Firm/Company

1014 Gateway Blvd Ste 104  
Address

Boca Raton Beach FL 33426  
City/State and Zip Code

DrJames1014Quantum@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Steven James D.C. at (561) 319-4900  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. You have rec'd check.

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15 JUL 27 PM 3:36  
DIVISION OF CORPORATIONS

**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

July 17, 2015

DR. STEVEN JAMES DC  
BOCA RATON ACUPRACTIC P.A.  
1014 GATEWAY BLVD - STE. 104  
BOYNTON BEACH, FL 33426

SUBJECT: BOCA RATON ACUPRACTIC P.A.  
Ref. Number: P06000090463

We have received your document for BOCA RATON ACUPRACTIC P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 015A00015028

**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: Boca Raton Acupuncture PA
2. The principal office address: 1014 Gateway Blvd Suite 104  
Boca Raton Beach Fl 33426
3. The mailing address (if different): same
4. Date of incorporation/qualification: July 6, 2006 Document number: PO6000090463
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)  
Dr. Steven C. James  
7331 Via Leonardo  
Lake Worth Fl 33467
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
- Same -  
1014 Gateway Blvd. Suite 104  
Boca Raton Beach Fl 33426

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]  
Signature of an officer or director

DR. Steven C. James Pres/CEO  
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]  
Signature of Registered Agent

7/24/2015  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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