P06000120724

(F	Requestor's Name)						
(<i>f</i>	Address)						
(Address)							
(0	City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(E	Business Entity Name)						
(Document Number)							
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SECRETARY OF STATE
TALLAHASSEE, FLORID,

R.A. Chong

C. Couffiette SEP 1 0 2007

COVER LETTER

Division of Corporations
SUBJECT: Ross Family Chiropractic, Inc.
DOCUMENT NUMBER: P06000120724
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:
Angela 5. Ross (Name of Contact Person)
Ross Family Chivepractic, Inc. (Film/Company)
1135 West Lake Street (Address)
Hollywood FL 33019 (City/State and Zip Code)
For further information concerning this matter, please call:
A voe 2 ROSS at (954) 929 - 7566 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Fuclosed 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

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pi statement of chan in order	=	or a corporati	ion organized	d under the la	ws of the State	of_FL		
1. The name of th	e corporation:	Ross	Famil	y Chir	opract	10/	Inc.	
2. The principal of	ffice address:	1135	toold	Lake	Stroot	•		
	dragg (if different	Holly	noog	-FL	33019			
3. The mailing add	dress (if different	:):						
4. Date of incorpo	oration/qualificati	on: 9/10	1/2000	O Document	number: PQ	16000	12072	4
5. The name and s Florida Departr		he current reg	gistered agen	t and registere	ed office on file	with the		
_	Anga	2 la 5	Ros	55				
_	1247	Linco	oln S	treet			O7 TAL	
-	Holly	mood	FL :	33019	<u>.</u>		SEP -I	- 1
6. The name and s (if changed):		_	_	_	-		RY OF	
-	Ang	<u>ela S</u>	R.	.5 <u>5</u>			8: 39 STATE LORID	
-	1135	(P.O. Box NO	Tacceptable)	ce 5th	reet	_	A	
-					}			
The street address as changed will be	s of its registered be identical.	d office and t	the street add	dress of the b	usiness office o	of its regis	stered agent,	
Such change was authorized by the	authorized by reboard, or the co	esolution dul orporation ha	y adopted by s been notifi	vits board of ed in writing	directors or by of the change.	an office	r so	
(Vignature	e of an officer or direct	7 r)		or. Steve	n N- Ross inted or typed name	and title)	resident	
I hereby accept the I further agree to of my duties, and document is bein corporation has been	comply with the I am familiar w g filed merely to	e provisions o ith and accep reflect a cho	of all statute of the obliga inge in the r	gree to act in s relative to t. tion of my po egistered offic	this capacity. he proper and sition as regist ce address. I h	complete tered ager ereby conj	performance it. Or, if this firm that the	
13 m	atura of Dagistared	1		8/	27 /07			
If signing on beh	ature of Registered	;c.it.)			(Date)			
——————————————————————————————————————	ped or Printed Name)							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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