

PO6000148291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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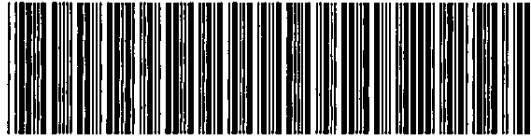
(Business Entity Name)

(Document Number)

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Change

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2007 MAY 24 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

002  
5/21/07

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Chiropractic Care of Golf Coast Inc.  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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:

Russell Turner  
(Name of Contact Person)

Chiropractic Care of Golf Coast, Inc  
(Firm/Company)

201 8th Street South Suite 307  
(Address)

Naples FL 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

Russell Turner at ( 239 ) 248 7210  
(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: Chiropractic Care of Gulf Coast Inc
2. The principal office address: 3380 Tamiami Trail E.  
Naples FL 34112
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/30/2006 Document number: P06000148291
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Russell E. Turner DC / Chiropractic Care of Gulf Coast Inc  
3380 Tamiami Trail E.  
Naples FL 34112
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Russell E. Turner DC / Chiropractic Care of Gulf Coast Inc  
201 8th Street South, suite 307  
(P.O. Box NOT acceptable)  
Naples FL 34102

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.

Russell E. Turner DC  
(Signature of an officer or director)

Russell E. Turner DC  
(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.

Russell E. Turner DC  
(Signature of Registered Agent)

5/22/07  
(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