

P1 000 000 28 14

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Ac 3/5/10
E. DENNARD

Malave, Erin

From: corphelp
Sent: Wednesday, March 03, 2010 3:29 PM
To: 'Filing'
Subject: RE: ADDRESS CHANGE

Your request has been forwarded to the proper section for updating.

*Thank You
Cathy
Internet Access*

From: Filing [mailto:filing@ecfsfiling.com]
Sent: Wednesday, March 03, 2010 3:15 PM
To: corphelp
Subject: ADDRESS CHANGE

GOOD AFTERNOON,

I NEED TO CHANGE THE PRINCIPAL AND MAILING ADDRESS FOR THE FOLLOWING COMPANY:
NAME: CHIROPRACTIC & THERAPY SERVICES, CORP.
DOC# P10000002814
PRINCIPAL AND MAILING ONLY
3540 FOREST HILL BLVD
WEST PALM BEACH FL 33406

☐ Sincerely,

Maray Arteaga
Express Corporate Filing Services, Inc.
1000 Ponce De Leon Blvd Suite: 101
Coral Gables FL 33134
Ph: 305-444-4994
Fax: 305-444-4977