

P10000044299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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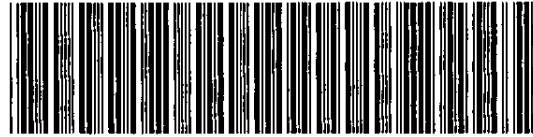
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN 05 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHERN BACK + SPINE INSTITUTE
Name of Corporation

DOCUMENT NUMBER: P10000044299

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:

BRUCE KARLIN
Name of Contact Person

SOUTHERN BACK + SPINE INSTITUTE
Firm/Company

16216 MIRA VISTA LANE
Address

DELRAY BEACH FL 33446
City/State and Zip Code

NANCY K 2211 @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE KARLIN at (561) 901-2241
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SOUTHERN BACK+SPINE INSTITUTE, INC.
2. The principal office address: 425 N. PENINSULA DR SUITE B
DAYTONA BEACH FL. 32960
3. The mailing address (if different): 16216 MIRA VISTA LN
DELRAY BEACH FL 33446
4. Date of incorporation/qualification: 10/27/2008 Document number: P95000092105
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)

Bruce P. Karlin
2421 N.W. 40th Circle
BOCA RATON FL. 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bruce P. Karlin
16216 MIRA VISTA LN.
P.O. Box NOT acceptable
DELRAY BEACH FL 33446

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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

Bruce P. Karlin
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

6/1/12
Date

If signing on behalf of an entity:

Typed or Printed Name

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