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FROM-Akerman Senterfitt

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# Florida Department of State

Division of Corporations  
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Division of Corporations  
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**From:**

Account Name : AKERMAN SENTERFITT (JACKSONVILLE)  
Account Number : 105543000740  
Phone : (904) 798-3700  
Fax Number : (904) 798-3730

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## REGISTERED AGENT CHANGE

JACKSONVILLE CHIROPRACTIC ASSOCIATES, INC.

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2009 JAN 13 PM 3:00  
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TALLAHASSEE, FLORIDA**NOTICE OF CHANGE OF REGISTERED AGENT****JACKSONVILLE CHIROPRACTIC ASSOCIATES, INC.**

Pursuant to the provisions of section 607.0502, 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 agent in the State of Florida.

1. The name of the corporation is Jacksonville Chiropractic Associates, Inc.
2. The principal office address of the corporation is 390 Ninth Avenue North, Jacksonville Beach, Florida 32250.
3. The name and street address of the registered agent and registered office on file with the Florida Department of State, is Rhonda M. Dunn, 9831 Del Webb Parkway, #2405, Jacksonville, Florida 32256.
4. The new registered Agent is Marcus A. Kampfe, D. C., c/o Jacksonville Chiropractic Associates, Inc., at 390 Ninth Avenue North, Jacksonville Beach, Florida 32250.
5. The street address of the Corporation's registered agent office and the street address of the Corporation's business office are identical.
6. Such change was authorized by resolution duly adopted by the Corporation's Board of Directors and shareholders.

  
David E. Kampfe, Sr., President

**ACCEPTANCE BY REGISTERED AGENT**

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.

  
Marcus A. Kampfe, D. C.

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Dated: January 1, 2009