## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

13	L REPORT		Secretary of DIVISION OF COR				
OCUM Corporation Na	ane		)172 (6)				
NEW LIF	E CHIROPRACTIC, F	P.A.					
incipal Place of	Business	Mailing	g Address		I (Galida) sea same assess		
33129 U.S. HIG PALM HARBOR	HWAY 19 NORTH		2 <del>3 U.S. HIGHWAY 19 1</del> LM HARBOR FL 34684	NORTH			
PALM TANDON	112 9009				3. Date Incorporated or Qualified 05/23/1994	3a. Date of Last Ro 04/13/19	•
Principal Place	of Business	L	ailing Address		4. FEI Number		Applied For Not Applicable
33385 Suite, Apt. #.			13385 U.S. lite. Apt. #, etc	_HWY 19 N.	59-3242226 5. Certificate of Status Desired	F7 \$8.75	Additional
Suite, Apr. #. (	eic.	27					Required
City & State	(IA P ROD	<b>├</b> ₁	ty & State PALM HARE	o.R	Rection Campaign Financing     Trust Fund Contribution	Adde	0 May Be d to Fees
PALM Zip	HARBOR Country	71		Country	8. This corporation has liability for		199.032,
34684	25 PINEUL	A5 [29]		O PINELLAS	Florida Statutes X Yes  10. Name and Address of New F	No Registered Agent	
	9. Name and Address of	Current Negister	ed Agent	81 Name			
LUTMI IN	ARBOR FL 34684			84 City		<b>85</b> Z	p Code
					extran submits the statement for the pu	FL proose of changing its	rea stered office
or registered familiar with	d agent, or both, in the State, , and accept the obligations i	of, Section 607.05	05, Fiorida Statutes		ration submits this statement for the purific of directors. I hereby accept the app	rpose of changing its pointment as registered DATS	
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oath, that I am an officer or director of the corporation of the receiver or trustee empowered tappears in Block 12 or Block 12 from the corporation of the receiver of trustee empowered tappears in Block 12 or Block 12 from changed, or or an attachment with an address GNATURE:

SIGNATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR 11-19-96 11320 4630 SIGNATURE: /