

P94000071367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

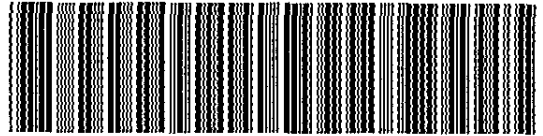
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ro/change
@ 11/19/03

R.A.

Roberto M. Arias
Chiropractic Physicians

Friday, November 07, 2003

Florida Department of State Division of Corporations

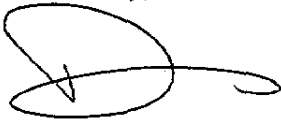
Via Fax Only

Fax#: 1-850-245-6897

Dear Karen:

I am requesting the change of address for Doctor Roberto M. Arias DC. to 103 W. Oak Street Suite C, Kissimmee, FL 34741. Our telephone (407) 847-8070 and fax number (407) 847-6330 continue to be the same. I do appreciate your help.

Sincerely,



Roberto M. Arias, DC

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TALLAHASSEE, FLORIDA

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, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Roberto M. Arias, D.C. P.A.

2. The mailing address of the corporation: 103 W. Oak Street Suite C
Kissimmee, FL 34741

3. Date of incorporation/qualification: 9/28/1994 Document number: P 94000071367

4. The name and address of the current registered agent and registered office:

Roberto M. Arias, D.C. P.A.
903 N. Central Ave
Kissimmee, FL 34741

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)

103 West Oak Street
Suite C
Kissimmee, FL 34741

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TALLAHASSEE, FLORIDA

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.

Matilde E. Arias 11/07/03
(Signature of an officer, chairman or vice chairman of the board) (Date)

Director, Matilde Arias
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature] 11/07/03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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