

P950000D/D47Z

(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:

Office Use Only



400187863234

11/22/10--01004--005 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 NOV 22 PM 12:08

RA/chg
10 11/24/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trinity Chiropractic, P.A.
Name of Corporation

DOCUMENT NUMBER: P95000010472

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:

Joel Bohemier, D.C.
Name of Contact Person

Firm/Company

2515 Northbrooke Plaza Drive, Suite 102
Address

Naples, Florida 34119
City/State and Zip Code

info@CrabtreeLawyers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Bohemier, D.C. at (239) 597-6099
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Trinity Chiropractic, P.A.
2. The principal office address: 2515 Northbrooke Plaza Drive, Suite 102
Naples, FL 34119
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 02/06/1995 Document number: P95000010472
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)

Greg Loman, D.C.
2515 NorthBrooke Plaza Drive, Suite 102
Naples, FL 34119

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

Joel Bohemier, D.C.
2515 Northbrooke Plaza Drive, Suite 102
Naples, FL 34119

P.O. Box NOT acceptable

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

Dr Greg Loman
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

11/15/10
Date

If signing on behalf of an entity:

Dr Joel Bohemier
Typed or Printed Name

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

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FL
10 NOV 22 PM 12:08