

P960000019104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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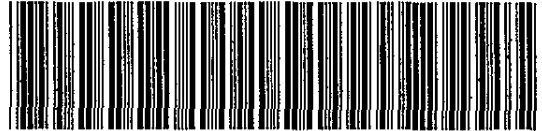
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RO/change
@ 5/25/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Belle Glade Chiropractic Center, Inc
(Name of corporation)

DOCUMENT NUMBER: P96000019104

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:

William Perman
(Name of person)

Belle Glade Chiropractic Center, Inc
(Name of firm/company)

4889 Coconut Creek Parkway
(Address)

Coconut Creek, FL 33063
(City/state and zip code)

For further information concerning this matter, please call:

William Perman at 954 933-9134
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
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, 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: Belleblade Chiropractic Center, Inc.
2. The principal office address: 1200 Clint Moore Rd #2
Boca Raton, FL 33487
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Feb 28, 1996 Document number: P96 000019104

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William Perman
1200 Clint Moore Rd #2
Boca Raton, FL 33487

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

William Perman
4889 Coconut Creek Parkway
(P.O. Box or personal mailbox NOT acceptable)
Coconut Creek, FL 33063

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.

William Perman
(Signature of an officer or director)

William Perman, Presid.
(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.

William Perman
(Signature of Registered Agent)

5-17-04
(Date)

If signing on behalf of an entity:

William Perman
(Typed or Printed Name)

PRES.
(Capacity)

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TALLAHASSEE, FLORIDA

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314