

996000067180

Requestor's Name  
Address  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. (Corporation Name) (Document #)  
2. (Corporation Name) (Document #)  
3. (Corporation Name) (Document #)  
4. (Corporation Name) (Document #)

FILED  
99 JUN 28 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time ☐ Certified Copy  
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| NEW FILINGS |                   |
|-------------|-------------------|
|             | Profit            |
|             | NonProfit         |
|             | Limited Liability |
|             | Domestication     |
|             | Other             |

| AMENDMENTS |  |
|------------|--|
|            | Amendment                              |
|            | Resignation of R.A., Officer/ Director |
|            | Change of Registered Agent             |
|            | Dissolution/Withdrawal                 |
|            | Merger                                 |

| OTHER FILINGS |                  |
|---------------|------------------|
|               | Annual Report    |
|               | Fictitious Name  |
|               | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
|                                | Foreign             |
|                                | Limited Partnership |
|                                | Reinstatement       |
|                                | Trademark           |
|                                | Other               |

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-06/28/99--01100--024  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OK 6-28-99  
996000067180  
388  
RACR

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 25, 1999

NATURAL BALANCE CHIROPRACTIC CORP.  
638 N US HWY 1  
SUITE 125  
TEQUESTA, FL 33469

SUBJECT: NATURAL BALANCE CHIROPRACTIC CORP.  
Ref. Number: P96000067180

Our records indicate the registered agent for the above named corporation resigned on May 21, 1999 and that the corporation currently does not have a registered agent designated.

Chapter 607, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is registered agent designation application for you to complete and return with a filing fee of \$35.

If you should need any further information, please contact our office at (850)-487-6050.

Carol Mustain  
Corporate Specialist

**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 California 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 is: Natural Balance Chiropractic Corp.
2. The mailing address of the corporation is: 638 N. US Hwy 1 PMB 125  
Tequesta, Florida 33469
3. Date of incorporation/qualification: 9/9/96 Document number: P9600067180
4. The name and address of the current registered agent and office:

Carol Brannhorn  
759 South Federal Hwy Suite 300  
Stuart Florida 34994

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

E. H. Innes  
4966 Bimini Road  
Tequesta Florida 33469

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.

E. H. Innes  
(Signature of an officer, chairman or vice chairman of the board)

6/21/99  
(Date)

E. H. Innes / Chairman  
(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.

E. H. Innes  
(Signature of Registered Agent)

6/21/99  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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