P97000015116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fit For Life Health Services, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P97000015116

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:

Suzanne Seekins D.C., President/Officer/Director
(Name of Contact Person)

Fit For Life Health Services, P.A.
(Firm/Company)

5429 Airport Road North
(Address)

Naples, Fl. 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Seekins D.C., President at (239) 513.9800
(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: Fit For Life Health Services, P.A.

2. The principal office address: 5429 Airport Road North
Naples, Fl.34109

3. The mailing address (if different):

4. Date of incorporation/qualification: 02/17/1997 Document number: P97000015116

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

Stephen D. Stohler D.C.
5429 Airport Road North
Naples, Fl. 34109

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

Suzanne Seekins D.C., President
5429 Airport Road North
(P.O. Box NOT acceptable)
Naples, Fl. 34109

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.

Suzanne A. Seekins D.C. — Suzanne Seekins D.C., President
(Signature of an officer or director) (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.

Suzanne A. Seekins — 7/10/07
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Suzanne Seekins D.C., President
(Typed or Printed Name)

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

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

CR2E045 (8/05)