## P97000063969

Requestor's Name

- CP Wellness Associates

3715 7th Terrace Vero Beach, Florida 32960

800002596838--0 -11/25/38--01001--017 Office Use \*\*\*\*\*35.00 \*\*\*\*\*35.00

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

1	(Corporation Name)	(Document #)		ä
2	(Corporation Name)	(Document #)		
3	(Corporation Name)	(Document #)	98 N TALLA	
4	(Corporation Name)	(Document #)	OV24 FTRY HASSEE	
☐ Walk in ☐ Mail out	Pick up time Will wait	Certified Copy  Photocopy  Certificate of Sta	AM 10: 36	7

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/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

and the format

Examiner's Initials		
Examiner's Initials		



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 5, 1998

C P WELLNESS ASSOCIATES, INC. 3715 7TH TERRACE VERO BEACH, FL 32960

SUBJECT: C P WELLNESS ASSOCIATES, INC.

Ref. Number: P97000063969

Our records indicate the registered agent for the above named corporation resigned on October 22, 1998 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

THE CHAINED
30 NOV 23 TH 7: 55
ASSIGN OF COMPONITIONS

## 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 617.1 undersigned corporation organized under the laws of the State ofFlorid	
submits the following statement in order to change its registered office or regist State of Florida.	
1. The name of the corporation is: <u>C P Wellness Associates, Inc.</u>	
2. The mailing address of the corporation is: 3715 7th Terrace, Vero Be	ach, FL 32960
3. Date of incorporation/qualification: 7/24/97 Document num	ber: _P97000063969
4. The name and address of the current registered agent and office:	
None	
5. The name and address of the new registered agent and office: (P. O. Box Not	Acceptable S
Gerald Pierone, Jr.	_ SAME
3715 7th Terrace	SEE.
Vero Beach, FL 32960	
The street address of its registered office and the street address of the busines agent, as changed, will be identical.	ss office of its tegistered
Such change was authorized by resolution duly adopted by its board of direct authorized by the board.	tors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)	11/19/98 (Date)
Gerald Pierone, Jr., President	• • • •
(Printed or typed name and title)  Having been named as registered agent and to accept service of process for a corporation, I hereby accept the appointment as registered agent and agree a further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am familiar with and accept the obligation of registered agent.	the above stated to act in this capacity. oper and complete of my position as
(Signature of Registered Agent) 11/19, (Date	/98
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:	)
(Typed or Printed Name) (Capa	city)
* * * FILING FEE: \$35.00 * * *	

CR2E045(7/97)