FILED May 09, 2003 8:00 am Secretary of State 05-09-2003 90147 021 ***150.00

2003 FOR PROFIT CORPORATION

05-09-2003 90147 021 ***150.00

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DOCU	IMENT#P	98000030	538			A STATE OF	الد						
1. Entity Nar													
SIESTA SPINE & SPORT NATURAL HEALING CENTER, INC.						1	7						
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	ce of Business GHT PORT ROAD	Mailing Address											
STE 2	GITI PURI KUAD	5700 MIDNIGHT PORT ROAD STE 2											
SARASOTA, F	FL 34242		SARASOT	A, FL 34242									
2. Principal I	Place of Business	 -	3. Mailing	Address			\dashv						
								t (ERMAN MA CERT IAM)	i ar iii ax iii a	ESSI KRIKK (I	((() 48/4 7 4 2/		Ľí
Suite, Apt	t: #, etc.	Suite, Apt. #, etc.]	☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4	4. FEI Number Applied For					
Zip Country			Zip (Country		65-0	828170			tot Applicable	e
Zip		шу	214		Çoui	Country		. Certificate of Status	Destrect		\$8.75 Az Fee Requir	dditional ed	
	6. Name and A	ddress of Current	Registered A	Agent		Nama	7.	Name and Address	of New Re	gistered /	lgent		耳.
	SQ., GLEN'R		-			Name							
BRANDON	22730N-3 T I, FL 33511					Street Address (P.O. Box Number is Not Acceptable)				,			
	,						- -						7
						City Ba				FL	Zip Co	de	\dashv
B. The above	named entity subm	its this statement for	r the numose	of changing its	register		stered:	agent, or both, in the	State of Flori		3.	3577	
	tions of registered a		i ilie parpose	or changing its	i e gisteri	sa wilde ar regi	310101	agent, or boat, in the	State OF 1 KM	ua. 141111	erithmen Auer	, and accept	
SIGNATURE		<u> </u>	_ 									· · · · · · · · · · · · · · · · · · ·	1
		I name of registered agent a	end side i applicad Stransferinger	Ma. (NOTE	: Reysure	d Agent Signature reci	ured wher	n asimstering)		DATE			_
a Afte	FILE NOWII PE - May 1 2003 Fe	E IS \$ 150.00 will be \$550.00						9. Election Car			\$5.0	00 May Be	
Make Check	r May 1, 2003 Fee • Payable to Flor	ida Department d	of State					Trust Fund (Contribution.		Adde	d to Fees	
10.	I _	OFFICERS AND	DIRECTORS		11.			DDITIONS/CHANGE	S TO OFFIC	ERS AND	DIRECTOR		ן ַ_
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CITY-ST-ZP	SARASOTA, FL	34242				-51-2iP							=) CR2E034 (10/02)
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12. I hereby of indicated	certify that the Inform on this report or sup	nation supplied with pplemental report is	this filling zoe	es not qualify for that m	the exer y signat	nption stated in ure shall have th	Section ne same	n 119.07(3)(i), Florida e legal effect as if ma orida Statutes; and the	Statutes. I fo de under oa	irther certi th; that I ar	ly that the i	nformation r or director	
of the con changed,	poration or the rece , or on an attachmen	iver or trustee empto it with an address, y	wered to exe	cate this report a ke empowered.	ıs requir	ed by Chapter (607, Flo	orida Statutes; and the	at my name :	appears in	Block 10 c	or Block 11 lf	1
SIGNAT	"HDE:		///					أغم	2103				
SIGNAL		ATURE AND TYPED OR PI	HINTED NAME OF	SICKING OFFICER O	A DIRECT	OR			10/0/	Carr	nima Phona a		
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