

LD8 000015520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

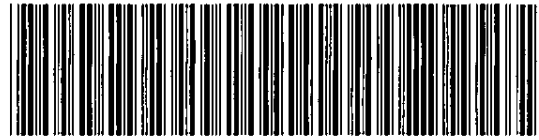
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TALLAHASSEE, FLORIDA

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T. CLINE

MAR 17 2008

EXAMINER

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FT. PIERCE CHIROPRACTIC & REHAB CENTER, LLC.  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLIFTON H. RODRIQUEZ, CPA  
(Name of Person)

CLIFTON H. RODRIQUEZ, CPA, PA  
(Firm/Company)

3146 NW 68th STREET  
(Address)

FORT LAUDERDALE, FLORIDA 33309-1206  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLIFTON H. RODRIQUEZ, CPA at (954)969-9380  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

ATX1

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
FT. PIERCE CHIROPRACTIC & REHAB CENTER, LLC.

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
THE NAME AND ADDRESS OF MANAGING MEMBERS/MANAGERS ARE: "Title: MGR ERIBIN MICHEL  
1921 S GEMINI LANE, SAINT LUCIE, FL 34984 US. THE INDIVIDUAL IS NOT THE GENERAL MANAGER.  
CORRECTION: TITLE: MGR RONALD A. KIRSCHNER, D.C., 1120 SUNSET STRIP, SUNRISE, FLORIDA 3  
Signature of member or an authorized representative of a member. Signature: Ronald ~~Kirschner~~ <sup>Kirschner RAK</sup> DC.

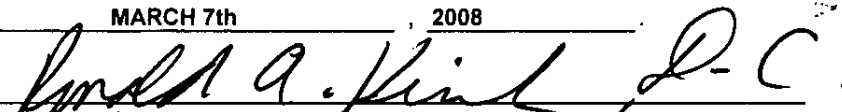
**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2008 MAR 4 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated: MARCH 7th, 2008

  
Signature of a member or authorized representative of a member

RONALD A KIRSCHNER, D.C.  
Typed or printed name of signee

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

ATX1

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**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

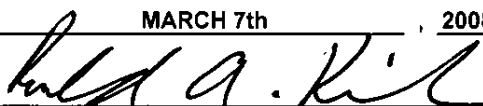
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
THE NAME OF THE LIMITED LIABILITY COMPANY IS: FORT PIERCE CHIROPRACTIC & REHAB LLC. 1  
name of the entity is incorrect. THE NAME OF THE LIMITED LIABILITY COMPANY IS: FT. PIERCE  
CHIROPRACTIC & REHAB CENTER, LLC.

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated:                     MARCH 7th                    , 2008                    

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

                    RONALD A. KIRSCHNER, D.C.                      
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee:                   \$25.00**  
**Certified Copy:           \$30.00 (optional)**

**FILED**  
2008 MAR 14 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT

of

**Ft. Pierce Chiropractic & Rehab Center, LLC**

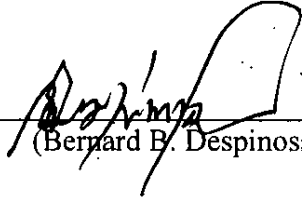
ARTICLE IV

The name and Florida street address of the registered agent is:

Bernard B. Despinosse  
1120 Sunset Strip  
Sunrise, Florida 33313

Having been named as registered agent and to accept service of process for the above stated limited liability company (LLC) at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent: x

  
(Bernard B. Despinosse)

03-10-2008  
(Date)

2008 MAR 14 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L08000015520  
FILED 8:00 AM  
February 12, 2008  
Sec. Of State  
mthomas

**Article I**

The name of the Limited Liability Company is:

FORT PIERCE CHIROPRACTIC & REHAB LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1305 DELAWARE AVE.  
FORT PIERCE, FL. US 34950

The mailing address of the Limited Liability Company is:

1305 DELAWARE AVE.  
FORT PIERCE, FL. US 34950

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

ERIBIN MICHEL  
192 SW GEMINI LANE  
SAINT LUCIE, FL. 34984

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ERIBIN MICHEL

**Article V**

The name and address of managing members/managers are:

Title: MGR  
ERIBIN MICHEL  
1921 S GEMINI LANE  
SAINT LUCIE, FL. 34984 US

L08000015520  
FILED 8:00 AM  
February 12, 2008  
Sec. Of State  
mthomas

**Article VI**

The effective date for this Limited Liability Company shall be:

02/12/2008

Signature of member or an authorized representative of a member

Signature: ERIBIN MICHEL