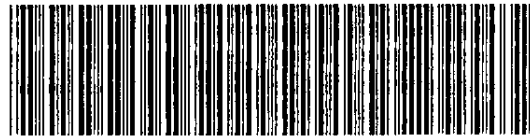


P05000030055



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05/10/11--01022--020 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
11 JUN - 7 AM 8:05

Amend  
@ 4/17/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Central Florida Medical + Chiropractic Center, Inc.

**DOCUMENT NUMBER:** POS000030055

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HANS Kennon, Esquire  
Name of Contact Person

Morgan + Morgan  
Firm/ Company

20 N. Orange Ave, 4<sup>th</sup> Floor  
Address

Orlando, FL 32801  
City/ State and Zip Code

rachael.gallo@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANS Kennon Name of Contact Person      at: (407) 480-6686 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2011

HANS KENNAN, ESQ.  
MORGAN & MORGAN  
20 N. ORANGE AVE-4TH FLOOR  
ORLANDO, FL 32801

SUBJECT: CENTRAL FLORIDA MEDICAL & CHIROPRACTIC CENTER, INC.  
Ref. Number: P05000030055

We have received your document for CENTRAL FLORIDA MEDICAL & CHIROPRACTIC CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please specify which article number and/or article title you are amending, adding, or deleting.

The document must have original signatures.

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 511A00012137

RECEIVED  
11 JUN -7 AM 9: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Central Florida Medical + Chiropractic Center, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

PO5000030055

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

\_\_\_\_\_ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

N/A

(Principal office address MUST BE A STREET ADDRESS)

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

**C. Enter new mailing address, if applicable:**

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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

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DIVISION OF CORPORATIONS  
11 JUN - 7 AM 8:05

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

N/A

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

(Florida street address)

\_\_\_\_\_

\_\_\_\_\_, Florida

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

1- Notice of Waiver of Meeting  
2- Article/Amendment adding Kathleen Leotta  
as owner shareholder of Corporation

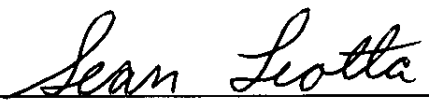
**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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

**WAIVER OF NOTICE OF SPECIAL MEETING  
OF SHAREHOLDERS  
OF  
CENTRAL FLORIDA MEDICAL & CHIROPRACTIC CENTER, INC.**


The undersigned, being all the shareholders of Central Florida Medical & Chiropractic Center, Inc., a Florida corporation, do severally waive all notices of the time, place, and purposes of a special meeting of the shareholders of the corporation and consent that the meeting be held at Central Florida Medical & Chiropractic Center, Inc. on March 1, 2011 at 2:00 pm to transact such business as may lawfully come before the meeting.

  
Sean Leotta, President

**STATEMENT OF CONSENT TO ACTION  
BY SHAREHOLDERS  
OF  
CENTRAL FLORIDA MEDICAL & CHIROPRACTIC CENTER, INC.**

The undersigned, holding all shares of capital stock of Central Florida Medical & Chiropractic Center, Inc., a Florida corporation, pursuant to §607.0704, Florida Statutes, do consent to and take the following action in lieu of holding a meeting of shareholders of the corporation, to have the same effect as action taken at a duly called meeting of shareholders at which all shares were present and voting:

1 - Effective immediately on March 1, 2011, Katherine Leotta, D.C., shall become an owner of 1% (one percent) of the capital stock held by Central Florida Medical & Chiropractic Center, Inc. of which Sean Leotta is the sole shareholder. The transfer of capital stock to Kathy Leotta shall reduce the capital stock held by Sean Leotta to 99% (ninety-nine percent).

  
\_\_\_\_\_  
Sean Leotta, President and Sole  
Shareholder

March 1, 2011

The date of each amendment(s) adoption: March 1, 2011

Effective date if applicable: March 1, 2011 (date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_."  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 6/1/11  
Signature Sean Leotta

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sean Leotta  
(Typed or printed name of person signing)

President  
(Title of person signing)