

P100000007607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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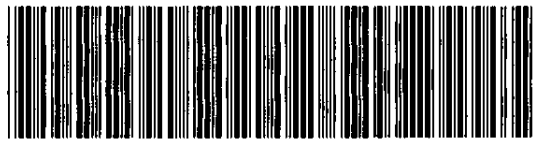
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correction w/nc

TB

FEB 25 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seacoast Clinic of Chiropractic PA
Name of Corporation

DOCUMENT NUMBER: P10000007607

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

Please return all correspondence concerning this matter to the following:

Leonidas J Demopoulos

Name of Contact Person

Seacoast Clinic of Chiropractic PA

Firm/Company

2156 SE Herron Avenue

Address

Port Saint Lucie, FL 34952

City/State and Zip Code

ljcd1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonidas J Demopoulos

Name of Contact Person

at (772) 284-5774

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

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

ARTICLES OF CORRECTION

for

Seacoast Clinic of Chiropractic PA

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

P1000007607

Document Number (if known)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPORATION
(Document Type Being Corrected)

filed with the Department of State on January 26 2010
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article 1 Name

The name of the corporation shall be:

Seacoast Clinic of Chiropractic PA

Correct the inaccuracy, incorrect statement, or defect:

Article 1 Name

The name of the corporation shall be:

Seacoast Clinic of Chiropractic Inc.



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

Leonidas J Demopoulos

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00