

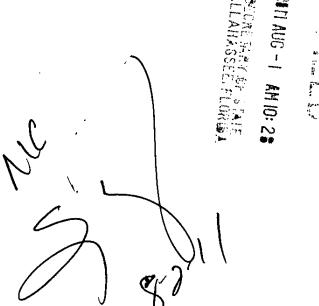
(Requestor's Name)	,	
(Address)		
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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION: CHIRO-ME	EDICAL OF WEST FT. LAU	JDERDALE. IN
DOCUMENT NU	JMBER:	P1000007940	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		SAL PELLEGRINO	
	N	ame of Contact Person	
		Firm/ Company	<del></del>
	731	N.E. 32ND STREET	
		Address	
		A RATON, FL 33431 ity/ State and Zip Code	
	KK09 E-mail address: (to be use	33@AOL.COM d for future annual report notification)	<del></del>
For further inform	ation concerning this matter,	please call:	
KAR	EN PELLEGRINO	at ( 561 ) 36	67-1333
Name	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	k for the following amount m	nade payable to the Florida Depart	ment of State:
\$35 Filing Fee		☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

#### **Articles of Amendment**

### **Articles of Incorporation**

of

#### CHIRO-MEDICAL OF WEST FT. LAUDERDALE, INC.

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

# AMIO: 28 P1000007940 (Document Number of Corporation (if known)

wing

Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation adopts the fol
A. If amending name, enter the new name of	f the corporation:	
SAL J. PEI	LLEGRINO D.C.P.A.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or new registered agent and/or the new registered.		n Florida, enter the name of the
Name of New Registered Agent:		· ·
New Registered Office Address:	(Florida street a	address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ng Registered Agent: igent. I am familiar with a	and accept the obligations of the position.
<u>-</u>	Signature of New Registered	d 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)

**Title** Name Address Type of Action \_\_\_\_\_ 🗖 Add \_\_\_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A 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) N/A

The date of each amendmen	t(s) adoption: 07/26/2011
Effective date <u>if applicable</u> :	07/26/2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_07/2	26/2011
Signature _	
	y a director, president or other officer if directors or officers have not been ected, by an incorporator — if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	DR. SAL PELLEGRINO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)