

608 0000 15520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

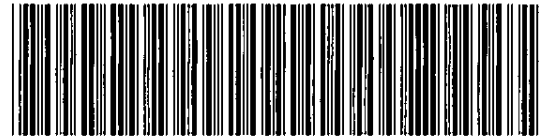
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

03/14/08--01002--024 **55.00

T. CLINE

MAR 17 2008

EXAMINER

CF 25.00
Cert 30.00

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

(Name of Person)

(954)969-9380

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

**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.

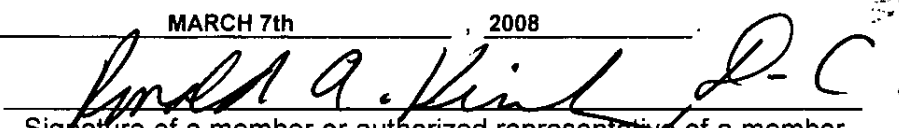
SECOND: The articles of organization or the application to transact business

(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~~ ^{Kirschner} RAK, DC.

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)

ATX1

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

X 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. THE

name of the entity is incorrect. THE NAME OF THE LIMITED LIABILITY COMPANY IS: FT. PIERCE

CHIROPRACTIC & REHAB CENTER, LLC.

Dated: 1 MARCH 7th, 2008

CR2E062 (08/05)

ARTICLES OF AMENDMENT

of

Ft. Pierce Chiropractic & Rehab Center, LLC

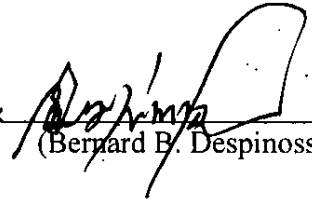
ARTICLE IV

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