

A02 000001086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

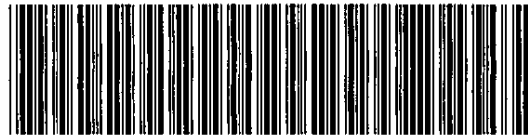
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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T. CLINE

JUN 24 2008

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUN 23 AM 8:59

FILED

A02-1084



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2008

STACY PROSCIA
701 BEVILLE RD
SOUTH DAYTONA, FL 32119

SUBJECT: PROSCIA CHIROPRACTIC ASSOCIATES LIMITED PARTNERSHIP
Ref. Number: A02000001086

We have received your document for PROSCIA CHIROPRACTIC ASSOCIATES LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 408A00030450

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Proscia Chiropractic Associates LP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stacy Hudock Proscia
(Contact Person)

Proscia Chiropractic Ass., L.P.
(Firm/Company)

701 Peville Rd
(Address)

South Daytona, FL 32119
(City, State and Zip Code)

For further information concerning this matter, please call:

Randy Wright CPA at (354) 322-8754
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee
☐ \$61.25 Filing Fee and Certificate of Status
☐ \$105.00 Filing Fee and Certified Copy
☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

Proscia Chiropractic Associates Limited Partnership
(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 8/14/2002, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

(New name must be distinguishable and contain an acceptable suffix.)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, Florida

(City)

(Zip Code)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(If Changing Registered Agent, Signature of New Registered Agent)

C. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GP	Vincent Proscia	701 Beville Road S. Daytona, FL 32119	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Stacy Hudock Proscia	701 Beville Road S. Daytona, FL 32119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

E. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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200 JUN 23 AM 8:59
TALAHASSEE FL 100
SECRETARY OF STATE

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Joseph H. Proscia

FVP FOR

VINCENT ANTHONY PROSCIA

AS APPOINTED PERSONAL REPRESENTATIVE

(LETTER OF ADMINISTRATION ATTACHED)

Signature(s) of all new or dissociating general partner(s), if any:

FVP FOR

VINCENT ANTHONY PROSCIA

AS APPOINTED PERSONAL REPRESENTATIVE

(LETTER OF ADMINISTRATION ATTACHED)

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2008 JUN 23 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

IN THE CIRCUIT COURT FOR SEMINOLE COUNTY,
FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF

VINCENT ANTHONY PROSCIA File No. 05-CP-1527

Division _____

Deceased.

LETTERS OF ADMINISTRATION
(single personal representative)

STATE OF FLORIDA
SEMINOLE COUNTY

I, THE UNDERSIGNED Clerk of the Circuit Court, Seminole County, Florida DO HEREBY CERTIFY the within and foregoing is a true and correct copy of the original as it appears on record and file in the office of the Clerk of Circuit Court, Probate Div. of Seminole County, Florida.

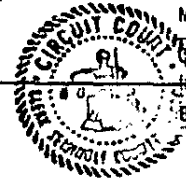
I further CERTIFY that I have taken from the files and records of said Court that said appointment still remains in full force and effect. WITNESS my hand and seal of the Circuit Court at Sanford, Florida, this 11 day of August A.D. 2005

MARYANNE MORSE

Clerk of Circuit Court

in and for Seminole County, Florida

By: [Signature]
Deputy Clerk



TO ALL WHOM IT MAY CONCERN

WHEREAS, **VINCENT ANTHONY PROSCIA**, a resident of **Seminole County, Florida**, died on **July 18, 2005**, owning assets in the State of Florida, and

WHEREAS, **FRANK VINCENT PROSCIA** has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare **FRANK VINCENT PROSCIA** duly qualified under the laws of the State of Florida to act as personal representative of the estate of **VINCENT ANTHONY PROSCIA**, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on this 11th day of August, 2005.

[Signature]

Circuit Judge