F170000003475

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(Address)					
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COVER LETTER

	nt Section Division of Corporatio	ns	2020 (** \$ - 5 PH 2: 5)
SUBJECT: Spine	Care America		
		of Corporation	
DOCUMENT NU	MBER:		
The enclosed Amer	dment and fee are submitted for	filing.	
Please return all cor	rrespondence concerning this mat	ter to the following:	
Daffodil Hamilton			
	Name of Contact Person		
Spine Care Americ	a	_	
	Firm/Company		
1355 37th Street / S	Suite 302		
	Address		
Vero Beach Fl 329	60		
	City/State and Zip Code		
d.hamilton@ortho-	spinecare.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	
Daffodil Hamilton		at (902-7508	
Name	e of Contact Person	at ()Area Code & Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
□\$35 Filing Fee	☐ \$43.75 Filing Fcc & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	F170000034	175	
	(D	Occument number of corporation (if known)	
Spine Care America	PC CO		
	(Name of corporat	tion as it appears on the records of the Department of Sta	te)
Illinois		_37/31/17	
·· <u></u> -	(Incorporated under laws of	f) (Date authorized to do b	ousiness in Florida)
		SECTION II PLETE ONLY THE APPLICABLE CHANGES)	
	,		
		oration, when was the change effected under the laws of	its jurisdiction of
(Name of corporation	on after the amendment, add	ding suffix "corporation," "company," or "incorporated,"	or appropriate abbreviation, i
not contained in ne	w name of the corporation)		
(If new name is una	vailable in Florida, enter alt	ernate corporate name adopted for the purpose of transaction	cting business in Florida)
6. If the amendme	ent changes the period of du	uration, indicate new period of duration.	
		(New duration)	
			F 22
7. If the amendm	ent changes the jurisdiction	of incorporation, indicate new jurisdiction.	TA BOOK
		(New jurisdiction)	2020 HAY -5 AN IO: 59 PECALIAR: FALLAHASSEE FLORIC
S. If amonding the re	egistered agent and/or reg	istered office address in Florida, enter the name of th	m, e
new registered ag	ent and/or the new registe	red office address:	
<u>Name of New</u>	Registered Agent		<u> </u>
		(Florida street address)	
New Registered	Office Address:	, Florida	ı (Zip Code)
<u></u>		(City)	(Zip Code)
New Registered A	Agent's Signature, if chang	ging 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	d Agent, if changing	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
VC	Daffodil Hamilton	1260 37th Street / Suite 302	□Add
		Vero Beach, Fl 32960	Remove
C 	Michelle Clarke Atwater	1355 37th Street / Suite 302	
		Vero Beach, Fl 32960	Remove
			2020 HAY -5 AM 10: 59 AND SECOND TARK THE STATE OF AM 10: 59 ALLEM HASSE AM 10: 59
10. Attached is of the applic under the la	DHE	ort, evidencing the amendment, authenticate ecretary of State or other official having cust	
	(Signature of a a receiver or ot	director, president or other officer - if in the her court appointed fiduciary, by that fiduci	hands of ary)
\overline{P}	(Typed or printed name of person sign	ing) (Title o	if person signing)

FILING FEE \$35.00