

P03000018612

(Requestor's Name)

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☐ PICK-UP

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06 AUG 16 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4 N.C.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hollstrom Center for Back & Neck Pain, Inc.

DOCUMENT NUMBER: P03000018612

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Sean M. Fallon

(Name of Contact Person)

(Firm/ Company)

5288 Seminole Boulevard

(Address)

St. Petersburg, FL 33708

(City/ State and Zip Code)

For further information concerning this matter, please call:

Dr. Sean M. Fallon

(Name of Contact Person)

at (727) 391-4300

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2006

DR. SEAN M. FALLON
5288 SEMINOLE BLVD.
ST. PETERSBURG, FL 33708

SUBJECT: HOLLSTROM CENTER FOR BACK & NECK PAIN, INC.
Ref. Number: P03000018612

We have received your document for HOLLSTROM CENTER FOR BACK & NECK PAIN, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6878.

Alan Crum
Document Specialist

Letter Number: 506A00049543

RECEIVED
06 AUG 16 AM 8:00
DIVISION OF CORPORATIONS

adoption of the amendment(s).

Please check the appropriate box on the amendment form regarding the

**Articles of Amendment
to
Articles of Incorporation
of**

Hollstrom Center for Back & Neck Pain, Inc.

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

P03000018612

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

Fallon Chiropractic Services, Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 8/14/06

Effective date if applicable: 8/14/06
(no more than 90 days after amendment file date)


Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature


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

Dr. Sean M. Fallon

(Typed or printed name of person signing)

Chiropractic Physician, Director

(Title of person signing)

FILING FEE: \$35