

P03000079759

(Requestor's Name)

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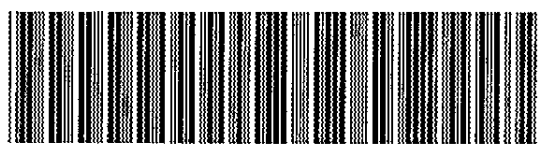
(Business Entity Name)

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Amend

09/08/03--01002--004 **35.00

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03 SEP -5 PM 2:51
DIVISION OF CORPORATION

FILED
03 SEP -5 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/11/03

400789, 00664, 00615, 00672



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

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03 SEP 30 AM 9:36
DIVISION OF CORPORATION

September 5, 2003

Capital Connection, Inc.
417 E. Virginia Street
Suite 1
Tallahassee, FL 32301

SUBJECT: CHIRO-MEDICAL REHAB OF FT. PIERCE, INC.
Ref. Number: P03000079759

We have received your document for CHIRO-MEDICAL REHAB OF FT. PIERCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 303A00049706

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

FILED
03 SEP -5 PM 4: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
CHIRO-MEDICAL REHAB OF FT. PIERCE**

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Corporation adopts the following articles of amendment to its articles of incorporation:

First: Amendments adopted:

Article VI shall be changed to the following:

The street address of the principal place of business of the corporation is **3933 N Andrews Ave. Ft Lauderdale, FI 33309** and the street address of the Registered Agent's office of this corporation is: **3933 N Andrews Ave. Ft. Lauderdale, FI 33309**. The name of the registered agent of this corporation at that address is **Kathleen Gregg**.

Article VIII shall be changed to the following:

The names and addresses of the directors of this corporation who shall hold office until new successors are elected and qualified are:

**Dr. Sal Pellegrino
3933 N Andrews Ave Ft. Lauderdale, FI 33309**

Second: The date of each amendment's adoption is August 25th, 2003.

Third: These amendments were approved by the board of directors without shareholder action and shareholder action was not required.

Signed this twenty-fifth day of August 2003.

Signature: _____

**Dr. David Romano
Director**

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Chiro-Medical Rehab of
Ft. Pierce, Inc.

2. The name and street address of the registered agent and office is: _____
Kathleen Gregg
3933 N. Andrews Ave
Ft. Lauderdale, FL 33309

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION 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.


9/19/03