03000088676

(Requestor's Name)	
(Address)	900241783
(Address)	
(City/State/Zip/Phone #)	11/19/12010110
PICK-UP WAIT MAIL	<u>م</u> الرابعة الم
(Business Entity Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: USA CHIRO	OPRACTOR & F	REHAB, INC.
DOCUMENT NUMBER:	P0300008867	6	
The enclosed Articles of Am			
Please return all corresponde	ence concerning this mat	ter to the following:	
Bei	nard Despinos	sse	
	<u> </u>	Name of Contact Person	
US	A CHIROPRA	CTOR & REHAE	B, INC.
112	20 SUNSET S	Firm/ Company TRIP	
SU	NRISE FL 333	Address 313	
		City/ State and Zip Code	
For further information cond		ed for future annual report r	nonfication)
Bernard Despind	osse	_{at (} 754	234-0408
Name of Cor	tact Person		le & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made p	payable to the Florida Depar	rtment of State:
■ \$35 Filing Fee	2\$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)
Division of P.O. Box	nt Section of Corporations	Amendi Division Clifton 2661 En	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment Articles of Incorporation

USA CHIROPRACTOR & REHAB, INC.

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

•	Articles of Amendment		
	to		
	Articles of Incorporation of		
SA CHIROPRACTOR & RE	HAB, INC.		
(Name of Corporation as current	tly filed with the Florida Dept.	of State)	
03000088676	60 (61		
·	er of Corporation (if known)		
suant to the provisions of section 607.1006, Flo Articles of Incorporation:	orida Statutes, this Florida Profi	t Corporation ado	pts the following amendment
If amending name, enter the new name of th	a corporations		
if amending name, enter the new manie of th	ie corporation.		
me must be distinguishable and contain the	word "corporation" "compan	v." or "incorpor	The new ated" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	Corp," "Inc," or "Co". A prof		
Enter new principal office address, if applic	able:		
incipal office address <u>MUST BE A STREET</u>			
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		
			<u></u>
		 	
If amending the registered agent and/or reg new registered agent and/or the new registe		a, enter the name	e of the
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	,	(Zip Code)
w Registered Agent's Signature, if changing	Registered Agent:		
ereby accept the appointment as registered age.		nt the obligations	of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		Gilwit, Neil D.C.	1120 Sunset Strip
X Add				Sunrise, Fl 33313
Remove				
2) X Change	Р		Alexandre, Serge L M.D.	1483 S Congress Ave
Add				Deiray Beach, Fl 33445
Remove				
3) Change				
Add				
Remove				
4) Change	<u></u>			
Add				- <u>-</u>
Remove				
5) Change				
Add				
Remove				<u> </u>
6) Change	***************************************			
Add				
Damovo				

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
	de la rigitation de la constantination de l
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not approasse, maicale tox)	
	<u> </u>

The date of each amendment(s) add	Nov 16, 2012
Effective date if applicable: NOV	<i>i</i> 16, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voing group)
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder
_{Dated} nov 16,	2012
Signatur ∉X	Deshujos
	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court
	d fiduciary by that fiduciary)
!	Bernard Despinosse
	(Typed or printed name of person signing)
<u>(</u>	director, consultant
	(Title of person signing)