

P04000044622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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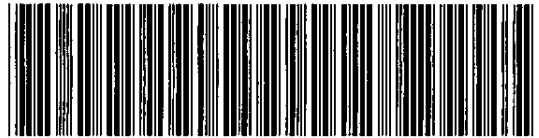
(Business Entity Name)

(Document Number)

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08 APR 24 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-29-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JACKSONVILLE CHIROPRACTIC CENTER, INC
(Name of Corporation)

DOCUMENT NUMBER: P04000044622

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRITZ J. SEIDE
(Name of Contact Person)

L'AMICALE EXPRESS
(Firm/Company)

1803 PARK CENTER DR #120
(Address)

ORLANDO, FL 32835
(City/State and Zip Code)

For further information concerning this matter, please call:

FRITZ J. SEIDE at (321) 662-4347
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

Articles of Amendment
to
Articles of Incorporation
of

JACKSONVILLE CHIROPRACTIC CENTER, INC
(Name of corporation as currently filed with the Florida Dept. of State)

P04000044622

(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):

METRO-HEALTHCARE SYSTEM, INC

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

PURPOSE OF INCORPORATION: TO PROVIDE
Comprehensive Healthcare to the public
Including Massage therapy.

(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)

N/A

(continued)

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ALLAH SEED, FORD

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The date of each amendment(s) adoption: 4/18/2008

Effective date if applicable: 4/18/2008
(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.

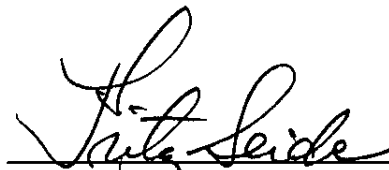
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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)

FRITZ JACKSON SEIDE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35

FILED
18 APR 24 AM 10:21
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TALLAHASSEE, FLORIDA