

PD4000054878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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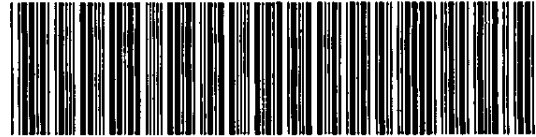
(Business Entity Name)

(Document Number)

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AUG 16 2017

S. YOUNG

FILED
17 AUG 15 AM 11:33
TALLAHASSEE, FLORIDA

Resubmitted on
8/10/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2017

JESSICA CROWELL
ACQUARO AND WAKEMAN CHIROPRACTIC
305 MEMORIAL MEDICAL PARKWAY STE 305
DAYTONA BEACH, FL 32117

SUBJECT: ACQUARO & WAKEMAN CHIROPRACTIC & REHABILITATION,
P.A.
Ref. Number: P04000054878

We have received your document for ACQUARO & WAKEMAN CHIROPRACTIC
& REHABILITATION, P.A. and your check(s) totaling \$43.75. However, the
enclosed document has not been filed and is being returned for the following
correction(s):

CANNOT USE BENEFIT / SOCIAL FORM

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 517A00015261

RECEIVED
17 AUG 15 PM 12:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Acquaro & Wakeman Chiropractic & Rehabilitation, P.A.

DOCUMENT NUMBER: P04000054878

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

Please return all correspondence concerning this matter to the following:

Jessica Crowell

Name of Contact Person

Acquaro and Wakeman Chiropractic and Rehabilitation

Firm/ Company

305 Memorial Medical Parkway Ste. 305

Address

Daytona Beach, FL 32117

City/ State and Zip Code

awcr@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Crowell

Name of Contact Person

at (386) 673-0201

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

Acquaro & Wakeman Chiropractic & Rehabilitation, P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)

P04000054878

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

305 Memorial Medical Parkway
Suite 305
Daytona Beach, FL 32117

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

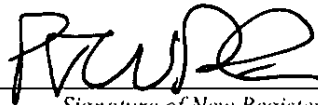
305 Memorial Medical Parkway
Ste. 305
Daytona Beach, FL 32117

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Peter J. Wakeman
305 Memorial Medical Parkway Ste. 305
(Florida street address)
New Registered Office Address: Daytona Beach, Florida 32117
(City) (Zip Code)

New Registered Agent's Signature, if changing 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 Agent, if changing

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E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an 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)

[illegible]

The date of each amendment(s) adoption: February 20, 2012, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated 8/9/2017

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)

Peter Legkeman
(Typed or printed name of person signing)

President
(Title of person signing)