

P04000055714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

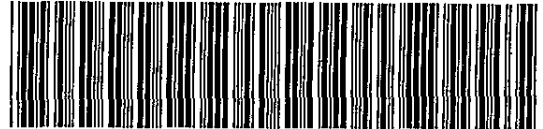
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

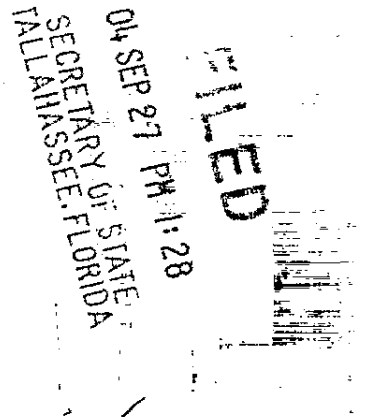
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09/27/04--01037--001 **35.00



AMEND
C.R.B.
10-4

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MULTI-MEDICAL & CHIROPRACTIC
HEALTH CARE CENTER, INC
DOCUMENT NUMBER: P04000055714

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

Please return all correspondence concerning this matter to the following:

Anthony Mancini
(Name of Contact Person)
MULTI-MEDICAL & CHIROPRACTIC
HEALTH CARE CENTER INC.
(Firm/ Company)

13910 LAKE MAHOGANY BLVD # 913
(Address)

FORT MYERS, FLORIDA 33907
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Anthony Mancini at (201) 951-3680
(Name of Contact Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

FLORIDA DEPT STATE.

FILED

Articles of Amendment
to
Articles of Incorporation
of

04 SEP 27 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MULTI-MEDICAL & CHIROPRACTIC HEALTH CARE
(Name of corporation as currently filed with the Florida Dept. of State) Center In

P04000055714

(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):

N/A

(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)

① NAME AND ADDRESS OF New Registered Agent
Anthony Mancini 13910 LAKE MAHOGANY BLVD #9
Fort MYERS, FLORIDA 33907

② *ARTICLE VII
NAME AND ADDRESS OF New President,
: Title PRESIDENT

Anthony Mancini 13910 LAKE MAHOGANY BLVD #9.
Fort MYERS, FLORIDA 33907

③ *ARTICLE VIII
NAME AND ADDRESS OF New Vice President/Secretary
: Title VICE PRESIDENT/SECRETARY
Johnny RODRIGUEZ
301 LEE LAND E. Hgts. BLVD
Lehigh Acres, Florida 33936

(continued)

The date of each amendment(s) adoption: 8-3-2004

Effective date if applicable: 8-3-2004
(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.

Signed this 22 day of September 2004

Signature

Anthony Mancini President
(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)

Anthony MANCINI

(Typed or printed name of person signing)

PRESIDENT / REGISTERED AGENT
(Title of person signing)

FILING FEE: \$35