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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 30 2005

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: My Chiropractor Inc.

DOCUMENT NUMBER: P04000136413

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

Please return all correspondence concerning this matter to the following:

Lyn Ciaffone  
(Name of Contact Person)

Tax, Accounting, & Financial Associates, Inc.  
(Firm/ Company)

809 Walkerbilt Road, Suite 5  
(Address)

Naples, FL 34110  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Lyn Ciaffone at ( 239 ) 591-4334  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

My Chiropractor Inc.

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

PO4000136413

(Document number of corporation (if known))

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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):**

Shari Ogilvie, D.C., P.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)**

ARTICLE I: The name of the corporation shall be

Shari Ogilvie, D.C., P.A. Its principal place of

business is: 223 Airport Road South, Naples, FL 34104

ARTICLE II: The general nature of the business is a

Professional Association in the business of chiropractic care.

ARTICLE V: The registered agent will stay Shari Ogilvie,

28270 Winthrop Circle, Bonita Springs, FL 34134 and the

office location/ principal place of business will be:

223 Airport Road South, Naples, FL 34104

(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)

The date of each amendment(s) adoption: September 22, 2005

Effective date if applicable: September 22, 2005  
(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 23<sup>rd</sup> day of September, 2005.

Signature Shari Ogilvie  
(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)

Shari Ogilvie  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**