

P04000160385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

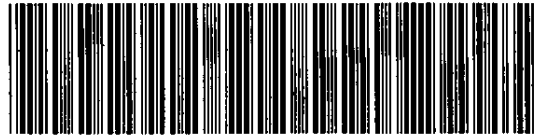
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FILED

2010 MAR 15 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*NIC/Amend*  
*[Signature]*

*3-16-10*

# Ryan & Burgay, CPAs, P.A.



Certified Public Accountants

March 11, 2010

## CONFIDENTIAL

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Letter Number: 509A00039040

To Whom It May Concern:

We have received your letter, concerning Lee Stillson Manual Therapy, Inc., stating that the specific business purpose of the professional association needed to be stated before the business name could be changed. The business purpose of the corporation remains unchanged from the Original Articles of Incorporation. The entity provides manual physical therapy and massage services.

Originally, we sent the Articles of Amendment to the Division of Corporations to change the business name from Lee Stillson Manual Therapy, Inc. to Lee Stillson Manual Therapy, P.A. The reason why the specific business purpose was not stated on this document was because the form and instructions do not ask for that information.

We respectfully request that the Division of Corporations process the enclosed Articles of Amendment and change the corporate name from Lee Stillson Manual Therapy, Inc. to Lee Stillson Manual Therapy, P.A.

If you have any questions, please do not hesitate to call our office at: 407-859-9457

Sincerely,

Jennifer L. Ryan, CPA

Enclosures

RECEIVED  
2010 MAR 15 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Lee Stillson Manual Therapy, Inc.

DOCUMENT NUMBER: P04000160385

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

Please return all correspondence concerning this matter to the following:

Dr. Lee Stillson

Name of Contact Person

Lee Stillson Manual Therapy, Inc.

Firm/ Company

P.O. Box 941014

Address

Maitland, FL 32794

City/ State and Zip Code

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

For further information concerning this matter, please call:

Dr. Lee Stillson

Name of Contact Person

at ( 407 ) 474-3962

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

Lee Stillson Manual Therapy, Inc.

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

P04000160385

(Document Number of Corporation (if known))

FILED  
2010 MAR 15 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

Lee Stillson Manual Therapy, P.A.

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)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 941014

Maitland, FL 32794

**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:

Lee Stillson

New Registered Office Address:

370 Centre pointe cir. st. 1120  
(Florida street address)

Altamonte Springs, Florida 32701  
(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.

Lee Stillson

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

F. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

The business purpose of the P.A.  
is to provide manual physical therapy  
and massage services.

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)

N/A

The date of each amendment(s) adoption: November 15, 2009  
(date of adoption is required)  
Effective date if applicable: November 15, 2009  
(no more than 90 days after amendment file date)

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 \_\_\_\_\_

Signature Lee Stillson Dec. 12-09  
(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)

Lee Stillson

(Typed or printed name of person signing)

Shareholder / Owner

(Title of person signing)