PD5000040345

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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Amend 100/08/13

COVER LETTER

Division of Corporations
NAME OF CORPORATION: PARAMOUNT CHIROPRACTIC, INC. DOCUMENT NUMBER: P 05000046345
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DR. GEDALD RAFTOPOULOS Name of Contact Person PARAMOUNT CHIROPRACTIC Firm/ Company
9121 NORTH MILITARY TRAIL SLITE # 104
PALM BEACH GARDENS, FL. 33410 City/ State and Zip Code
DEGERRY & BACKPAINFL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DR. GERALD RAFTOPOVLOS at (561) 371-3326 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

PARAMOUNT CHIROPRA	CTIC, INC. 25 Florida Dept. of State)
(Name of Corporation as currently filed with the I	Florida Dept. of State)
P050000	46345
(Document Number of Corporation (
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9121 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL SUITEHION 33410
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent DR. GERAL	S: D RAFTOPOULOS
9121 NOET (Florida st. New Registered Office Address: PALM BEACH (City)	H MILITARY TRAIL SUITE #104 reet address) H GARDENS Florida 33410 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Do	NA	
<u>x</u> change	<u>\1</u>	JOHN DO	<u> </u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	P		DR. GERALD RAFTOPOV	LOS 9121 NORTH MILITARY TRA
Add	(NEM	OYUER)	SUITE# 104
Remove				PALM BEACH GARDENS, FL 33410
2) Change	REMO	_ -	DR KURT L. ROSS (REMOVE)	SAME AS ABOVE
Add Remove	C .			
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Arti	icles, enter char	ige(s) here:			
(Attach additional sheets, if necessary).	(Be specific)				
N/A					
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If an amendment provides for an excha	ange, reclassific	cation, or cance	llation of issue	d shares,	
provisions for implementing the amer	adment if not co	ntained in the	<u>amendment its</u>	elf:	
(if not applicable, indicate N/A)					
N/A					
		-	·	· · · · · · · · · · · · · · · · · · ·	
					-
1441-					
					

T	he date of each amendment(s) adoption: 15 FEBRUARY 2013
E	ffective date if applicable: 15 FEBRUARY 2013
	(no more than 90 days after amendment file date)
_	7 - (- (CHECK ONE)
_	doption of Amendment(s) (CHECK ONE)
Z	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.
C	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"
	by" (voting group)
Ţ	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	-Dated 15 FFB ZQL3
	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)
	DR GERALD RAFTOPOULOS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)