

PO6000069838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

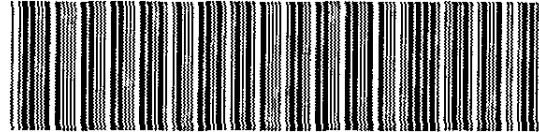
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 OCT 16 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts OCT 17 2006

DirectIncorporation
www.directincorporation.com

DirectIncorporation
a division of Enitia Corporation
p.o. box 495
dexter, mi 48130

September 25, 2006

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

Re: Quantum Physical Therapy, Inc.

Dear Sir or Madam:

Enitia Corporation has been authorized to file the enclosed Articles of Amendment of Articles of Incorporation of Quantum Physical Therapy, Inc.

If you need any additional information, you can reach us at

Enitia Corporation
P.O. Box 495
Dexter, MI 48130

1-877-281-6495 ext 1096 (toll free)
edstahlin@enitia.com

If policy permits, could you please return a copy of the Articles to our address?
For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin
Enitia Corporation

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: QUANTUM PHYSICAL THERAPY, INC.

DOCUMENT NUMBER: P06000069838

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

Please return all correspondence concerning this matter to the following:

Edward Stahlin

(Name of Contact Person)

Enitia Corporation

(Firm/ Company)

122 W Huron

(Address)

Ann Arbor, MI 48104

(City/ State and Zip Code)

For further information concerning this matter, please call:

Edward Stahlin

(Name of Contact Person)

at (877) 281-6496

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

QUANTUM PHYSICAL THERAPY, INC.

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

P06000069838

(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):

Quantum Therapy, Inc.

(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)**

(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)

(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: September 25, 2006

Effective date if applicable: _____
(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.

Signature

Julie Merkl PT

(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)

JULIE MERKL

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35