

P07000019375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

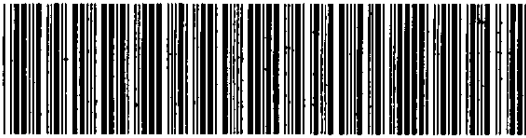
(Business Entity Name)

(Document Number)

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08 JUL -2 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUL 02 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2008

CHRISTOPHER MCNICHOLS  
3172 LAKE BREEZE CIRCLE  
SAINT CLOUD, FL 34769

SUBJECT: LAKE NONA CHIROPRACTIC, INC.  
Ref. Number: P07000019375

We have ~~received your document for LAKE NONA CHIROPRACTIC, INC. and your check(s) totaling \$35.00.~~ However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 108A00037905

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUL -2 AM 8:00

RECEIVED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LAKE NONA CHIROPRACTIC, INC.

**DOCUMENT NUMBER:** P07000019375

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

Please return all correspondence concerning this matter to the following:

MCNICHOLS, CHRISTOPHER L  
(Name of Contact Person)

n/a  
(Firm/ Company)

3172 LAKE BREEZE CIRCLE  
(Address)

SAINT CLOUD, FL 34771  
(City/ State and Zip Code)

For further information concerning this matter, please call:

CHRIS MCNICHOLS at ( 407 ) 744-7539  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee<br><i>Already<br/>collected</i> | <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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Articles of Amendment  
to  
Articles of Incorporation  
of**

LAKE NONA CHIROPRACTIC, INC.

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

P07000019375

(Document number of corporation (if known))

SECRETARY OF STATE  
FLORIDA

08 JUL -2 PM 2:12

FILED

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):**

EAST LAKE CHIROPRACTIC AND INJURY CENTER, 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)**

N/A

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(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

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(continued)

The date of each amendment(s) adoption: 06/25/2008

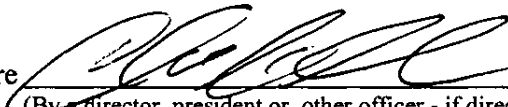
Effective date if applicable: 06/25/2008  
(no more than 90 days after amendment file date)

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   
(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)

**CHRISTOPHER L MCNICHOLS**  
\_\_\_\_\_  
(Typed or printed name of person signing)

**PRESIDENT**  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE: \$35** - *Already collected*