

P09000013898

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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8/10/09  
12

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** Chiro-Care of Tampa Bay, Inc.

**DOCUMENT NUMBER:** PO9000013898

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

Please return all correspondence concerning this matter to the following:

Ignacio Garriga  
(Name of Contact Person)

Chiro-Care of Tampa Bay, Inc.  
(Firm/ Company)

2715 W. 81st Ave. Suite A  
(Address)

Tampa FL 33614  
(City/ State and Zip Code)

N/A  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ignacio Garriga at (813) 935-4466  
(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Chiro - Care of Tampa Bay, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P09000013898

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

2713 W. Sligh Ave  
Tampa FL 33614

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

2713 W. Sligh Ave  
Tampa FL 33614

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:

Dr. Mylisa Epps D.C.

New Registered Office Address:

2713 W. Sligh Ave

(Florida street address)

Tampa

(City)

Florida 33614  
(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.

Myli Epps D.C.

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>
<u>P</u>	<u>Anthony P. Esposito</u>	<u>2715 W. Sligh Ave</u> <u>Suite A</u> <u>Tampa FL 33614</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Mylisa Epps</u>	<u>2713 W. Sligh Ave</u> <u>Tampa FL 33614</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	

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

N/A

The date of each amendment(s) adoption: \_\_\_\_\_

N/A

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

08/01/09

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated \_\_\_\_\_

7/31/09

Signature \_\_\_\_\_

Andy P. Esposito

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Anthony P. Esposito

(Typed or printed name of person signing)

President

(Title of person signing)

Chiro-Care of Tampa Bay, Inc.  
2713 West Sligh Ave  
Tampa FL 33614

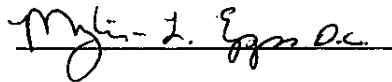
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

8/1/2009

**RE: Acceptance of Designation Letter**

I, Dr. Mylisa Epps D.C., hereby accept the appointment as registered agent for the corporation named: CHIRO-CARE OF TAMPA BAY, INC. pertaining to document number P0900001388. I am familiar with, and accept the obligations of the positions as of August 1, 2009.

Sincerely,

A handwritten signature in cursive script, reading "Mylisa Epps D.C.", written over a horizontal line.

Dr. Mylisa Epps D.C.