

P09000034754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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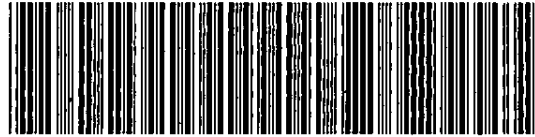
(Business Entity Name)

(Document Number)

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Amend NC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 15 AM 11:14

T Roberts OCT 19 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ULTROID WELLNESS CENTERS, INC

DOCUMENT NUMBER: P09000034754

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

Please return all correspondence concerning this matter to the following:

MEGEN C WILLIAMS

Name of Contact Person

ULTROID WELLNESS CENTERS, INC

Firm/ Company

780 CARILLON PARKWAY, SUITE 240A

Address

ST. PETERSBURG, FL33716

City/ State and Zip Code

MEGENWS@AOL.COM

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

For further information concerning this matter, please call:

MEGEN C WILLIAMS

Name of Contact Person

at (727)

674-3092

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 15 AM 11:14

ULTROID WELLNESS CENTERS, INC .

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

P0900034754

(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:

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

ULTEGRA WELLNESS CENTERS, INC

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)

780 CARILLON PARKWAY

SUITE 240A

ST. PETERSBURG, FL 33716

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

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:

MEGEN C WILLIAMS

New Registered Office Address:

780 CARILLON PARKWAY, STE 240A

(Florida street address)

ST. PETERSBURG

(City)

, Florida 33716
(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.

Megan C. Williams
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>CEO</u>	<u>WALTER PRESHA SR</u>	<u>780 CARILLON PARKWAY</u> <u>SUITE 240A</u> <u>ST. PETERSBURG, FL 33716</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>PRES</u>	<u>DAVE VAUTRIN</u>	<u>780 CARILLON PARKWAY</u> <u>SUITE 240A</u> <u>ST. PETERSBURG, FL 33716</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>CFO</u>	<u>MICHAEL KNOX</u>	<u>780 CARILLON PARKWAY</u> <u>SUITE 240A</u> <u>ST. PETERSBURG, FL 33716</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)
DAVE VAUTRIN REMOVE A PRESIDENT APPROVED BY SHAREHOLDERS ON
MAY 12, 2009. MICHAEL KNOX REMOVED AS ACTING CHIEF FINANCIAL OFFICER
AND REGISTERED AGENT APPROVED BY SHAREHOLDERS ON SEPTEMBER
8, 2009. BRENT WILLIS REMOVED AS CEO APPROVED BY SHARHOLDERS ON
SEPTEMBER 23, 2009. BOARD APPOINTED WALTER PRESHA SR CEO ON
SEPTEMBER 23, 2009.

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)

CANCELLATION/VOID ALL SHARES ISSUED TO DAVE VAUTRIN AND MICHAEL
KNOX.

The date of each amendment(s) adoption: MAY 12, 2009, SEPTEMBER 8, 2009, SEPTEMBER 23, 2009

Effective date if applicable: SEPTEMBER 23, 2009
(date of adoption is required)
(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

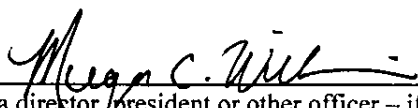
by _____."
(voting group)

☐ 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 SEPTEMBER 23, 2009

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)

MEGEN C WILLIAMS

(Typed or printed name of person signing)

CHIEF OPERATING OFFICER/REGISTERED AGENT

(Title of person signing)

ATTACHMENT TO ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

ULTROID WELLNESS CENTERS, INC.

DOCUMENT NUMBER P09000034754

CONTINUATION OF AMENDING THE OFFICERS AND/OR DIRECTORS:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>	
COO	MEGEN WILLIAMS	780 CARILLON PARKWAY	<input checked="" type="checkbox"/>	Add
		SUITE 240 A	<input type="checkbox"/>	Remove
		ST. PETERSBURG, FL 33716		
DIR	DR. RANDALL MAXEY	780 CARILLON PARKWAY	<input checked="" type="checkbox"/>	Add
		SUITE 240 A	<input type="checkbox"/>	Remove
		ST. PETERSBURG, FL 33716		
DIR	CARL BROOKS	780 CARILLON PARKWAY	<input checked="" type="checkbox"/>	Add
		SUITE 240 A	<input type="checkbox"/>	Remove
		ST. PETERSBURG, FL 33716		
DIR	WALTER PRESHA	780 CARILLON PARKWAY	<input checked="" type="checkbox"/>	Add
		SUITE 240 A	<input type="checkbox"/>	Remove
		ST. PETERSBURG, FL 33716		
DIR	DR. KEVIN HIRSCH	780 CARILLON PARKWAY	<input checked="" type="checkbox"/>	Add
		SUITE 240 A	<input type="checkbox"/>	Remove
		ST. PETERSBURG, FL 33716		
			<input type="checkbox"/>	Add
			<input type="checkbox"/>	Remove