90000 58633

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TO: Amendment Section Division of Corporations



NAME OF COR	PURATION:OII	eco Chiropractic Renab Cer	iter, inc
DOCUMENT NU	JMBER:	P09000058633	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Robert Bernard	
	N	lame of Contact Person	
	Oneco Chir	opractic Rehab Center, Inc.	
		Firm/ Company	-
	1890 Kin	gsley Avenue - Suite 116	
		Address	
}		ge Park, Florida 32073	·····
	C	ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	Robert Bernard		8-3342
	e of Contact Person	Area Code & Daytime Telep	
	-	nade payable to the Florida Departn	
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	\$\Bigs\begin{align*} \$43.75 \text{ 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		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	
i ananasse	C. I'L. J4J14	2001 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

MICARIAN AM 8:50

Oneco Chiropractic Rehab Center, Inc.

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

P09000058633

(Document Number of Corporation (if known)

		The n
ne must be distinguishable and contain previation "Corp.," "Inc.," or Co.," or th ne must contain the word "chartered," "pr	ne designation "Corp," "Inc,	" or "Co". A professional corporat
Enter new principal office address, if ap incipal office address <u>MUST BE A STRE</u>		-
Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF		
		
If amending the registered agent and/or		Florida, enter the name of the
new registered agent and/or the new reg		Florida, enter the name of the
		Florida, enter the name of the
new registered agent and/or the new reg		
<u>Name of New Registered Agent:</u>	gistered office address:	

Page 1 of 3

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>	Address	Type of Action
<u>PS</u>	Joseph H. Mitchell	1890 Kingsley Suite 116 Orange Park, FL 32073	☐ Add ☐ Remove
<u>PS</u>	Loren D. Thornton	1890 Kingsley Avenue Suite 116 Orange Park, FL 32073	☑ Add □ Remove
E. <u>If amen</u>	ding or adding additional Articles, e	nter change(s) here:	
	dditional sheets, if necessary). (Be s		
<u> </u>			

	<u> </u>		
	V81 - 581-Acc		·
	mendment provides for an exchange,		
	ons for implementing the amendmen not applicable, indicate N/A)	it it not contained in the amendme	nt itself:
			•

The date of each amendment	(s) adoption:
Effective date <u>if applicable</u> :	· (date of adoption is required)
incerve date in apprecione.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ad 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)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated Sept	tember 15, 2010
Signature	1 stone 2
(By	a director, president or other officer - if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Robert Bernard
	(Typed or printed name of person signing)
	(Tide of source size in a)
	(Title of person signing)