

8900065139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

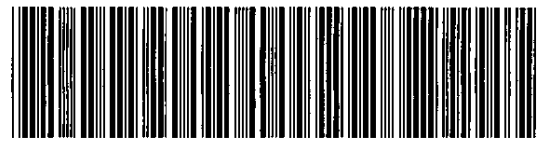
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

8-20-09



300159362783

08/11/09--01017--010 **35.00

Forand/NIC

88

FILED
2009 AUG 20 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Homestead Medical & Therapy Group Inc

DOCUMENT NUMBER: P09000065139

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

Please return all correspondence concerning this matter to the following:

Laz David Rodriguez, DC

Name of Contact Person

Ft. Myers Chiropractic Center Inc

Firm/ Company

1840 College Pkwy # 107

Address

Fort Myers, FL 33919

City/ State and Zip Code

joseenrique123@yahoo.com

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

For further information concerning this matter, please call:

Laz David Rodriguez, DC

Name of Contact Person

at (239)

699-4611

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

ATTN: Silvia Gilbert

Articles of Amendment
to
Articles of Incorporation
of

Homestead Medical & Therapy Group Inc

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

P09000065139

(Document Number of Corporation (if known))

FILED
2009 AUG 20 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Ft. Myers Chiropractic Center 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**)

1840 College Pkwy

Suite # 107

Fort Myers, FL 33919

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1840 College Pkwy

Suite # 107

Fort Myers, FL 33919

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:

Laz David Rodriguez, DC

New Registered Office Address:

1840 College Pkwy # 107

(Florida street address)

Fort Myers

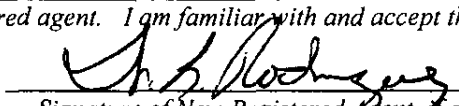
(City)

, Florida 33919

(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.


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>
PD	Viki Hernandez	1303 Homestead Rd N Suite # 102 Lehigh Acres, FL 33936	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	Laz David Rodriguez, DC	1840 College Pkwy Suite # 107 Fort Myers, FL 33919	<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)

Nature of Business: Chiropractic Practice

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)

100% shares

The date of each amendment(s) adoption: August 7th, 2009

(date of adoption is required)

Effective date if applicable: August 7th, 2009

(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

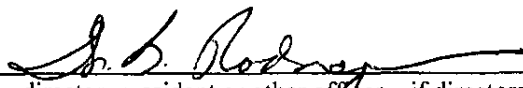
by _____."
(voting group)

☐ 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 August 18, 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)

Laz David Rodriguez, DC

(Typed or printed name of person signing)

President

(Title of person signing)