# P1000020690

(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2010

RONALD H. WOODLEY DC FIRST CHIROPRACTIC CENTER, INC. 643 CAPE CORAL PKWY. EAST, SUITE E CAPE CORAL, FL 33904

SUBJECT: FIRST CHIROPRACTIC CENTER, INC.

Ref. Number: P10000020690

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 610A00013444

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORE	PORATION:	First Chiropractic Center	Inc	
DOCUMENT NU	MBER:	BER:P10000020690		
The enclosed Artic	eles of Amendment and fee a	are submitted for filing.	•	
Please return all co	orrespondence concerning th	is matter to the following:		
		nald H. Woodley DC		
	1	Name of Contact Person		
	First (	Chiropractic Center Inc		
		Firm/ Company		
643 Cape Coral Pkwy East, Suite E				
		Address		
		pe Coral, FL 33904	<del></del>	
		City/ State and Zip Code		
	prontoexpre E-mail address: (to be use	ess@embarqmail.com ed for future annual report notification)		
For further inform	ation concerning this matter.	, please cali:		
	ald H Woodley DC	at ( 239 ) 5  Area Code & Daytime Te	40-0179	
	of Contact Person	nade payable to the Florida Depar		
☑ \$35 Filing Fee	S43.75 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)	
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le	

FEI/EIN # 27-1886880

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

of	
First Chiropractic Center, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	ب م
P1000020690	20
(Document Number of Corporation (if known)	- 17 (m)
(Document Number of Corporation (if known)	

Р	10000020690		<del></del>	28
	Number of Corporat		····	المعلقية الميانية التاريخ
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		tes, this <i>Florida Pr</i>	ofit Corporation ado	pts the follow
A. If amending name, enter the new nam	e of the corporation	on:		
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered."	the designation "C	Corp," "Inc," or "C	o". A professional c	The new ed" or the corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		643 Cape Cora	al Pkwy East	<del></del>
		Suite E		
		Cape Coral, FL	. 33904	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	<u>ble:</u> FFICE BOX)	643 Cape Cora	Pkwy East	_
		Suite E Cape Coral, FL	. 33904	<del>-</del>
D. If amending the registered agent and/onew registered agent and/or the new resistered agent and/or the new registered agent			, enter the name of t	<u>he</u>
Name of New Registered Agent:	Ronald H. W	oodley DC		
New Registered Office Address:		oral Pkwy E, Ste	<u>E</u>	
	Cape Coral (City)		, Florida 3390 (Zip Code)	4
New Registered Agent's Signature, if chan I hereby accept the appointment as registere	nging Registered A	gent: iliar with and accept	t the obligations of the	e position.
	RAW	rolly_		•
	Signature of New	Registered Agent, ij	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>	Address	Type of Action
<u>P</u>	Catalina Torres DC	2608 NE 22 Place Cape Coral, FL 33909	□ Add ☑ Remove
<u>P</u>	Ronald H Woodley DC	643 Cape Coral Pkwy East Suite E Cape Coral, FL 33904	_ ☑ Add _ □ Remove
			_ =
	ling or adding additional Articles, ent Idditional sheets, if necessary). (Be spe		
<u>provisi</u>	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)	eclassification, or cancellation of i	ssued shares, t itself:
			-

The date of each amendmen	t(s) adoption: 05/26/2010
Effective date if applicable:	(date of adoption is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statemen ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_05/2	26/2010
sele	A Allordoller  y 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 pointed fiduciary by that fiduciary)
	Ronald H Woodley DC
	(Typed or printed name of person signing)
	President
	(Title of person signing)