

Division of Corporations Electronic Filing Cover Sheet

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(((H10000207962 3)))



H106002079623ABC.

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Email Address:kathy@h2con.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ADVANCED CHIROPRACTIC & INJURY CENTERS **PROFESSIONAL**

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Corporate Filing Menu

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## Fox Audit# H10000207962 3

## Articles of Amendment to Articles of Incorporation of

Advanced Chiropractic & Injury Centers Professional Association
(Name of Corporation as currently filed with the Florida Dept. of State)
D1000071025
P10000071025 (Document Number of Corporation (if known)
(Document Number of Corporation (it 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:
Advanced Chiropractic & Injury Centers P.A.
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)
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:
New Registered Office Address: (Florida street address)
, Florida
(City) (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

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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>Namé</u>	Address	Type of Action
			☐ Add
			Remove
E. <u>If a</u>	mending or adding additional Articles,	nter change(s) here:	
(atta	ch additional sheets, if necessary). (Be ,	specific)	
F. If:	an amendment provides for an exchange ovisions for implementing the amendme (if not applicable, indicate N/A)	e, reclassification, or cancel nt if not contained in the ar	lation of issued shares, neudment itself:
	<del></del>		
<del></del>			
			·

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The date of each amendment(s) adoption: 9/14/2010	
Effective date if applicable:  (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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature  (By affirector, 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)	
Amir Mohit-Kermani, D.C. (Typed or printed name of person signing)	
President (Title of person signing)	

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