P11000089377

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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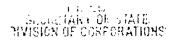
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TO: Amendment Section Division of Corporations

NAME OF CORPORAT	FIRST CHI	RO & REHAB (CENTER, INC.	
DOCUMENT NUMBER	P1100008	9377		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspon	dence concerning this ma	tter to the following:		
	BRENDA	A PLAZA		
Name of Contact Person BJ'S BUSINESS SERVICES, INC.				
Firm/ Company 6330 WESTWOOD ACRES RD				
	FORT MYERS, FL 33905			
		City/ State and Zip Code	e	
B.		ERVICESINC@ sed for future annual report		
For further information co	ncerning this matter, pleas	se call:		
BRENDA PLAZ	ZA	at (239	, 939-1000	
Name of C	ontact Person		de & Daytime Telephone Number	
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment 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)	
Amendn Division P.O. Bo	Address ment Section of Corporations x 6327 see, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



FIRST CHIRO & REHAB CENTER, INC.

14 OCT -6 AM 7: 23

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

P110000893	377			
(Document Number	er of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporati	on adopts the following	ng amendment(s)
A. If amending name, enter the new name of th	e corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "C	o". A professional co	corporated" or the a rporation name must	ibbreviation contain the
B. Enter new principal office address, if applica	able:			
(Principal office address MUST BE A STREET A	<u>ADDRESS</u>)			
		-		_
		****	•	_
C. Enter new mailing address, if applicable:	BAV)			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BUX</u>)			_
				- ,
				_
D. If amending the registered agent and/or registered agent and/or the new register		ss in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address:		, Flo	orida	_
	(City)		(Zip Code)	_
New Registered Agent's Signature, if changing	Registered Agent			
I hereby accept the appointment as registered ages	nt. I am familiar wi	th and accept the oblig	ations of the position.	
Signatura	May Decistored Ac	ant if ahanaina	······································	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Johr</u>	1 Doe	
X Remove	V Mik	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PRES	MICHAEL O VIDAL	3507 LEE BLVD
Add			STE # 280
Remove			LEHIGH ACRES, FL 33971
2) Change	PRES	RAFAEL LAGO	3507 LEE BLVD
✓ Add			STE # 280
Remove			LEHIGH ACRES, FL 33971
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if necessary).	. (Be specific)		
				
		.,		
				
	nent provides for an exc			
	or implementing the amopplicable, indicate N/A)	endment if not conta	ined in the amendr	<u>nent itselt:</u>
		AEL O VIDAL PE	MOVAL ALL S	HARES = 0- SHARES
HANGE O	SHARES- MICHA	TEL O VIDAL RE		
	F SHARES- MICHA F SHARES- RAFAE		HARES=100%	SHARES
			HARES=100%	SHARES
			HARES=100%	SHARES
			HARES=100%	SHARES
··· ·····			HARES=100%	SHARES

SECRETARY OF STATE DIVISION OF CORFORATIONS

the

The date of each amendment(s) adoption:	Sharangu du Chur auvillans	, if other than
date this document was signed.	14 OCT -6 AM 7: 23	, 0
Effective date if applicable:		
(no more th	han 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle		
"The number of votes cast for the amendment(s) was	s/were sufficient for approval	
by		
(voting group)		
The amendment(s) was/were adopted by the board of dire action was not required.	ectors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators action was not required.	s without shareholder action and shareholder	
Dated10/02/2014		
Signature	und Jord	
	r officer - if directors or officers have not been in the hands of a receiver, trustee, or other court chary)	
ADRIANA JONES	S (MICHAEL O VIDAL'S WIDOW)	
(Турес	d or printed name of person signing)	
PRESIDENT'S WI	FF (WIDOW)	

(Title of person signing)