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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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18 SEP 10 PM 2:15
SECRETARY OF
TALLAHASSEE, FL

August 20, 2018

JUAN C SANTOS, ESQ
CHAPMAN LAW GROUP
1001 BRICKELL BAY DRIVE STE 1716
MIAMI, FL 33131

SUBJECT: LIFESTYLES HEALTHCARE GROUP, P.A.
Ref. Number: P16000081705

We have received your document for LIFESTYLES HEALTHCARE GROUP, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 818A00017215

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lifestyles Healthcare Group, P.A.

DOCUMENT NUMBER: P1600081705

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

Please return all correspondence concerning this matter to the following:

Juan C. Santos, Esq.

Name of Contact Person

Chapman Law Group

Firm/ Company

1001 Brickell Bay Drive, Suite 1716

Address

Miami, FL 33131

City/ State and Zip Code

JSantos@ChapmanLawGroup.com

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

For further information concerning this matter, please call:

Juan C. Santos, Esq.

at (305) 712-7177

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
LIFESTYLES HEALTHCARE GROUP, P.A.
(Document # P16000081705)

The Articles of Incorporation of Lifestyles Healthcare Group, P.A. (the "Company") were filed on October 6, 2016. In accordance with Section 608.411, these Amended and Restated Articles of Incorporation of Lifestyles Healthcare Group, P.A., have been duly executed and are being filed to amend and restate in their entirety all prior articles of incorporation filed on behalf of the Company. The Company's Amended and Restated Articles of Incorporation are as follows:

1. **Name.** The name of this professional association is Lifestyles Healthcare Group, P.A., a Florida professional association.
2. **Duration.** The Company shall have perpetual existence, commencing on October 6, 2016, the date of filing the Articles of Incorporation with the Florida Department of State, unless the Articles of Incorporation or Bylaws of the Company provide otherwise.
3. **Purpose.** The Company is organized for the purpose of transacting all lawful activities and business that may be conducted by a professional association under the laws of Florida.
4. **Principal Place of Business.** The Company's principal place of business is 11300 Lindbergh Blvd., Fort Myers, FL 33913.
5. **Mailing address.** The Company's mailing address is 11300 Lindbergh Blvd., Fort Myers, FL 33913.
6. **Registered Agent and Office.** The name of the registered agent of the Company is United States Corporation Agents, Inc. The street address of the registered agent of the Company is 13302 Winding Oaks Court, Suite A, Tampa, FL 33612.
7. **Debts and Liabilities.** No member of the Company will be liable for the debts and liabilities of the Company.

The undersigned executed these Amended and Restated Articles of Incorporation on the 27th day of July, 2018.

LIFESTYLES HEALTHCARE GROUP, P.A.

By: 

Name: Darin Stokke, D.C.

Title: President

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: July 27, 2018, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/12/18

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)

Darin W. Stokke DC
(Typed or printed name of person signing)

President
(Title of person signing)