## PICOOD8705

(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

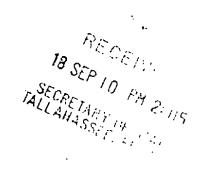


200317017232

08/17/18--01017--021 \*\*35.00

SEP 12 2018 S. YOUNG 18 SEP 10 AHII: 2





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 <u>NOT FOR PROFIT</u> 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 CORPOR	ATION: Lifestyles Healtho	care Group, P.A.	
DOCUMENT NUMB	ER: P1600081705		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Juan C. Santos, Esq.		
•		Name of Contact Perso	n
	Chapman Law Group		
		Firm/ Company	
	1001 Brickell Bay Drive, Si	uite 1716	
•	Mark P	Address	
	Miami, FL 33131		
		City/ State and Zip Coc	le
JSan <sup>,</sup>	os@ChapmanLawGroup.c	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Juan C. Santos, Esq.		305 at (	712-7177
Name of Contact Person		at (305 ) 712-7177  Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 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)
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. <u>Name</u>. The name of this professional association is Lifestyles Healthcare Group, P.A., a Florida professional association.
- 2. <u>Duration</u>. 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. <u>Purpose</u>. 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. <u>Principal Place of Business</u>. The Company's principal place of business is 11300 Lindbergh Blvd., Fort Myers, FL 33913.
- Mailing address. The Company's mailing address is 11300 Lindbergh Blvd., Fort Myers, FL 33913.
- 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. <u>Debts and Liabilities</u>. 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.

LHESTYLES HEALTHGARE GROUP, P.A.

Name: Darin Stokke, D.C

Title: President

SEP IO 桑II

The date of each amendment(s) adoption:
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) (CHECKONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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(valing 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 8 128 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)
(Typed or printed name of person signing)
(Typed or primed mane or person algume)
(Title of person signing)