

P170000091004

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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18 MAR 26 AM 10:38  
RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2018

NICHOLAS M KALYNYCH  
690 MAJESTIC EAGLE DR  
PONTE VEDRA, FL 32081

SUBJECT: KETAMINE CLINIC OF JACKSONVILLE / WELLNESS ENERGY  
EMPORIUM, LLC  
Ref. Number: P17000091004

We have received your document for KETAMINE CLINIC OF JACKSONVILLE / WELLNESS ENERGY EMPORIUM, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It has come to our attention that this corporation was filed in error with an LLC suffix at the end. Corporations can only file using corporate suffixes such as Inc., Corp., Corporation, Co. etc. Please provide us with a corporate suffix to replace the LLC suffix at the end of the name.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 718A00005116

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Ketamine Clinic of Jacksonville / Wellness Energy Emporium

DOCUMENT NUMBER: P17000091004

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

Please return all correspondence concerning this matter to the following:

Nicholas M. Kalynych, DNP, CRNA

Name of Contact Person

Sunbelt Wellness Emporium

Firm/ Company

8833 Perimeter Park Blvd. #1004

Address

Jacksonville FL 32216

City/ State and Zip Code

nkalynych@sunbeltanesthesia.com

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

For further information concerning this matter, please call:

Nicholas M. Kalynych, DNP, CRNA

904

412-2593

at ( )

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:

☐ \$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)

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

18 MAR 26 AM 10:38

Ketamine Clinic of Jacksonville/Wellness Energy Emporium  
(Name of Corporation as currently filed with the Florida Dept. of State)

P17000091004

(Document Number of Corporation (if 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:**

Sunbelt Wellness Emporium, Inc.

*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)

8833 Perimeter Park Blvd

Suite #1004

Jacksonville, FL 32216

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 550902

Jacksonville, FL 32255-0902

Attn: Manager, SUNBELT ANESTHESIA SERVICE

**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

Nicholas M. Kalynych, DNP, CRNA

690 Majestic Eagle Drive

(Florida street address)

New Registered Office Address:

Ponte Vedra

32081

(City)

Florida

(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

**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:**

☒ Change                      PT        John Doe

☐ Remove                      V        Mike Jones

☒ Add                      SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	Dir	Efrain Deleon, CRNA	1565 Misty Lake Drive Fleming Island, Florida 32003
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	Dir	Chris Merritt, RN	2601 Pauloni Drive Orland, Florida 32835
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	Med Dir	David Shapiro, MD	4814 Apache Ave. Jacksonville, Florida 32210
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

NONE

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**  
**provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

NONE

The date of each amendment(s) adoption: NONE, if other than the date this document was signed.

Effective date if applicable: N/A  
(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.

3/19/18

Dated \_\_\_\_\_

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)

Nicholas M. Kalynych, DNP, CRNA

\_\_\_\_\_  
(Typed or printed name of person signing)

CEO / Managing Partner

\_\_\_\_\_  
(Title of person signing)