P95000096899

QTA Associates Inc.
3170 N Federal Highway # 103-H
Lighthouse Point, FL 33064

(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

900008631929

Name
Change
Amend

10/31/02--01074--006 **52.50

FILED
02 NOV 21 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/6/02

X00789,00615,00671

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

November 6, 2002

Angela D. DiCrescenzo, CPA
QTA Associates Inc.
3170 N. Federal Highway #103-H
Lighthouse Point, FL 33064

SUBJECT: NEUROMUSCULAR THERAPY INSTITUTE, INC.
Ref. Number: P95000096899

We have received your document for NEUROMUSCULAR THERAPY INSTITUTE, INC. and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's 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) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 102A00060730

RECEIVED
02 NOV 21 AM 11:13
DIVISION OF CORPORATIONS

October 17, 2002

Florida Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Neuromuscular Therapy Institute Inc.

Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Amendment to the Articles of Incorporation changing the name of the above-referenced corporation, along with our check in the amount of $52.50. The fee includes the following: $35.00 filing fees, $8.75 Certificate of Status and $8.75 for certified copy fee.

Please return the stamped copy to my attention. If you have any questions in regard to this matter, please feel free to contact me.

Sincerely,

Angela D. DiCrescenzo, CPA

Enclosures

FILED
02 NOV 21 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

NEUROMUSCULAR THERAPY INSTITUTE INC.

Pursuant to the provisions of Sections 607.1003 and 607.1006 Florida Statues, Nueromuscular Therapy Institute Inc. adopts the following Articles of Amendment to its Articles of Incorporation, Document No. P95000096899 filed on April 3, 1995:

FIRST: Amendment adopted:

1. The name of the corporation is hereby amended to read The Neuromuscular Pain Relief Center of Fort Lauderdale Inc.

SECOND: The street address of the principle office of the corporation is 5975 N Federal Highway #244 – Fort Lauderdale, FL 33308. The name and street address of the registered agent is Angela Dicrescenzo – 3170 N Federal Hwy # 103-H Lighthouse Point, FL 33064.

THIRD: The date of adoption of this amendment is November 1, 2002.

FOURTH: The amendments herein were adopted by unanimous written consent of all shareholders and directors of the corporation. The number of votes cast for the amendment by all shareholders was sufficient for approval.

Signed this 28 day of October, 2002.

By: _____
Michael Malle
Director and Shareholder

Attest: _____
Angela D. DiCrescenzo

FILED
02 NOV 21 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

I hereby am familiar with and accept the duties and responsibilities as registered agent for The Neuromuscular Pain Relief Center of Fort Lauderdale, Inc.

Angela DiCrescenzo