

P97000098745

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 SEP 19 AM 7:21

(Requestor's Name)

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☐ PICK-UP

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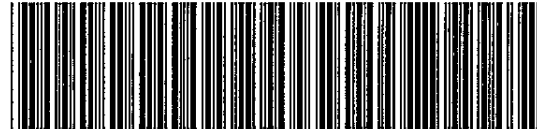
(Business Entity Name)

(Document Number)

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200059112742

09/06/05--01026--006 \*\*35.00

Amend.

# Accurate Chiropractic Clinic

Dr. Ann Lauren Marra

Specializing in the care and maintenance of the spine.

August 26, 2005

Secretary of State  
Division of Corporation  
P.O Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Re: Statement of Change

Please change all the addresses on my corporation to the following.

Accurate Chiropractic  
4191 Mariner Boulevard  
Spring Hill, Florida 34609

Please remove all other addresses that are posted online.

Enclosed find my fee of \$35.00 to make that change.

Thank you.

Sincerely,



Ann L. Marra, D.C.

*This is all that  
was sent. JB*

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Accurate Chiropractic Clinic

DOCUMENT NUMBER: P97000098745

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

Please return all correspondence concerning this matter to the following:

Dr. Ann Marra

(Name of Contact Person)

Accurate Chiropractic Clinic

(Firm/ Company)

4191 Mariner Blvd.

(Address)

S.H. FL. 34609

(City/ State and Zip Code)

For further information concerning this matter, please call:

Dr. Ann Marra

(Name of Contact Person)

at ( 352 ) 666 0506

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

*already  
mailed in*



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 8, 2005

ANN L. MARRA, D.C.  
4191 MARINER BLVD.  
SPRING HILL, FL 34608

SUBJECT: ACCURATE CHIROPRACTIC CLINIC, P.A.  
Ref. Number: P97000098745

We have received your document for ACCURATE CHIROPRACTIC CLINIC, 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):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6909.

Velma Shepard  
Document Specialist

Letter Number: 605A00055833

RECEIVED  
05 SEP 19 AM 8:00  
DIVISION OF CORPORATIONS

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 SEP 19 AM 7:24

Accurate Chiropractic Clinic

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

P97000098745

(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:

**NEW CORPORATE NAME (if changing):**

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Changing address only to: 4191 Mariner Blvd.

Spring Hill Fla 34609

no other changes or amendments

(Attach additional pages if necessary)

If an amendment provides for 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)

N/A

(continued)

The date of each amendment(s) adoption: \_\_\_\_\_

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

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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.

Signature Ann L Marra DC  
(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)

Ann L Marra DC  
(Typed or printed name of person signing)

President  
(Title of person signing)

FILING FEE: \$35