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S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

-						
NAME OF CORPORA	ATION: TF.	DH. PE.	EKINS, DC, PA			
DOCUMENT NUMBE	$_{\rm CR:}$ $\frac{1900}{}$	0009126				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
_	TED	H. PERK	1175			
_	Name of Contact Person					
FLORIDA SPINE GROUP						
_	· ·	Firm/ Company				
_	1021 THOUGH MOUND TOBIL					
		Address				
	VE	RD BEAR	CK, FL 32963			
_		City/ State and Zip Code	e			
Address VERD BEACH, FL 32963 City/ State and Zip Code MS Perkins a gmail. Com E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	1 0-00		750 9704			
150	H. PERKI	$M_{\rm at}$ 772	563.8324			
Name of	Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee	□642.75 EB E 8-	D642 75 FILL F P	Пера 50 БШ-н Б.н.			
333 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status			
	Certificate of Status	(Additional copy is	Certified Copy			
		enclosed)	(Additional Copy			
		enerosea)	is enclosed)			
Mallin Address		Street Address				
Mailing Address		Street	Audress			

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

Articles of Incorporation

TEO H. PERKINS, DC, PA

(Name of Corporation as currently filed with the Florida Dept. of State) P98 0000 912 4

. If amending name, enter the new name of the	ne corporation:	
	-	The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	Torp," "Inc," or "Co". A professional	"incorporated" or the abbreviation corporation name must contain the
. Enter new principal office address, if applic	able:	
Principal office address MUST BE A STREET.		
		= = = = = = = = = = = = = = = = = = = =
		53 7
		三 章 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY)	
(maning units) and beautiful of the		So So
		5 0
new registered agent and/or the new registe		
9. If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent		
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent		the name of the
new registered agent and/or the new registe	ered office address: (Florida street address)	the name of the
Name of New Registered Agent	ered office address:	the name of the
Name of New Registered Agent	ered office address: (Florida street address)	the name of the

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: <u>X</u> Change	PT John I	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One) 1) Change Add Remove	Title SEC. S	Name PERKINS SUSAN	Address
2) Change Add			
Remove 3) Change			
Add Remove		-	
4) Change Add	·		
Remove 5) Change			
Add Remove		- -	
б) Change Add			
Remove		<u>-</u>	

The date of each amendment(s) adop	ion:	, if other than the
date this document was signed.	11-110	
Effective date if applicable:	11/1/19	
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block document's effective date on the Depart		requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes casient for approval.	t for the amendment(s)
	ed by the shareholders through voting groups. h voting group entitled to vote separately on th	
"The number of votes cast for	the amendment(s) was/were sufficient for appro	oval
by	(voting group)	····
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action	on and shareholder
Dated	1/7/19	,
Signature	Ded H. Perki	MS
(By a directed, b	tor, president or other officer – if directors or o y an incorporator – if in the hands of a receiver fiduciary by that fiduciary)	, trustee, or other court
	TEO H. PE.	RKINS
	(Typed or printed name of person signi	ng)
	PRESIDEN	
	(Title of person signing)	