

P98000092633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

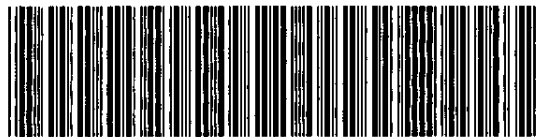
(Document Number)

Certified Copies _____

Certificates of Status _____

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05/17/10--01025--019 **35.00

FILED

2010 JUL 22 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend + N/C

TB

JUL 22 2010

SAMUEL FRANK SCHONINGER, Esq.
404 Northeast 23rd. Avenue
Pompano Beach, FL. 33062
(954) 782-7475 * Fax: (954) 582- 8908
Cell: (719) 332-9999

June 22nd. 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Secretary:

I am enclosing Articles of Amendment which have been corrected
as was requested your letter is also enclosed.

Please file and return to the above address.

Yours truly


Samuel Frank Schoninger

Enclosures:

SAMUEL FRANK SCHONINGER
Attorney at Law
404 Northeast 23rd. Avenue
Pompano Beach, FL. 30062
(954) 782-7475 * cell: (719) 332-9999

July 19th 2010

FLORIDA DEPARTMENT OF STATE
Divisions of Corporations
P. O. Box 6327,
Tallahassee, Florida 32314

Subject: MEDICAL THERAPEUTIC MASSAGE CLINIC, Inc.
Ref: No.: P98000092633

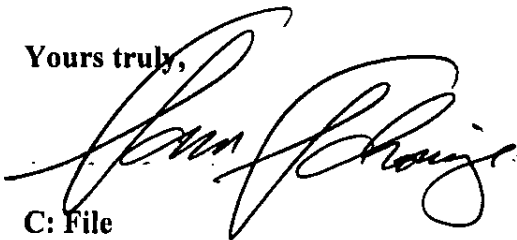
Dear Sirs:

**I am returning the Amended Articles of Incorporation which I believe
complies with your request.**

Thank you Thelma for your assistance.

Yours truly,

C: File



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MEDICAL THERAPEUDIC MASSAGE CLINIC, INC.

DOCUMENT NUMBER: P98000092633

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

Please return all correspondence concerning this matter to the following:

Samuel Laffer

Name of Contact Person

MEDICAL THERAPEUDIC MASSAGE CLINIC, INC

Firm/ Company

540 E MCNAB ROAD Ste D

Address

Pompano Beach, FL 33060

City/ State and Zip Code

DocSamLaffer@att.net

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

For further information concerning this matter, please call:

Samuel Laffer

Name of Contact Person

at (954)

Area Code & Daytime Telephone Number

7832025

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2010

SAMUEL LAFFER
MEDICAL THERAPEUTIC MASSAGE CLINIC, INC.
540 E MCNAB RD STE D
POMPANO BEACH, FL 33060

SUBJECT: MEDICAL THERAPEUTIC MASSAGE CLINIC, INC.
Ref. Number: P98000092633

We have received your document for MEDICAL THERAPEUTIC MASSAGE CLINIC, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We did not receive the complete document.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 910A00012596



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2010

SAMUEL FRANK SCHONINGER, ESQ.
404 NE 23RD AVE
POMPANO BEACH, FL 33062

SUBJECT: MEDICAL THERAPEUTIC MASSAGE CLINIC, INC.
Ref. Number: P98000092633

We have received your document for MEDICAL THERAPEUTIC MASSAGE CLINIC, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

The date of adoption of each amendment must be included in the document.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 010A00016960

Articles of Amendment
to
Articles of Incorporation
of

Medical Therapeutic Massage Clinic, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

P98000092633

(Document Number of Corporation (if known))

FILED
2018 JUL 22 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Medical Therapeutic MASSAGE Clinic P.A. 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)

540 E. McNAB ROAD
Suite D
Pompano Beach, FL 33060

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

540 E. McNAB Rd. Ste D
(Florida street address)

Pompano Beach, Florida 33060
(City) (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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<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)

This corporation may engage in any lawful activity permitted by F.S. 621

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)

The date of each amendment(s) adoption: 6/22/10
(date of adoption is required)

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

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.

Dated 6/22/10

Signature [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)

Samuel Laffer
(Typed or printed name of person signing)

President
(Title of person signing)