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Division of Corporations

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From:

Account Name : HARRISON, HENDRICKSON & KIRKLAND, P.A.

Account Number: I20010000002 (941)746-1167 : (941)746-9229 Fax Number

BASIC AMENDMENT

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T BROWN MAY 12 2003

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AMENDMENT TO THE ARTICLES OF INCORPORATION

OF

CHIROPRACTIC AND REHABILITATION ASSOCIATES, P.A.

The undersigned President and Secretary of CHIROPRACTIC AND REHABILITATION ASSOCIATES, P.A., a Professional Service Corporation organized under the laws of the State of Florida, hereby certify:

- 1. That the name of the corporation is CHIROPRACTIC AND REHABILITATION ASSOCIATES, P.A.
 - 2. The Articles of Incorporation of said corporation are amended as follows:
 - a. The name of the corporation is hereby changed to "CHIROPRACTIC AND REHABILITATION ASSOCIATES, INC." and the previous name of the corporation shall be deleted from the Articles of Incorporation in each and every place where it appears and the new name substituted in place thereof. Said name change shall take effect immediately upon the filing of this Amendment to the Articles of Incorporation.
 - b. Article II Purpose and Powers is amended pursuant to Florida Statute 621.13(4) by deleting all words and figures contained therein and inserting the following in place and stead thereof:
 - "Section 1. The Corporation is formed for the purpose of engaging in any lawful activity or business for which corporations may be incorporated under the laws of the State of Florida.
 - Section 2. The Corporation may exercise all powers, rights and privileges conferred on corporations pursuant to the laws of the State of Florida."
 - 3. In all other respects the Articles of Incorporation are ratified, reaffirmed and remain unchanged.

4. The above Amendment to the Articles of Incorporation of CHIROPRACTIC AND REHABILITATION ASSOCIATES, P.A. was adopted by the Shareholders of the Corporation, by written consent of a majority of Shareholders entitled to vote thereon pursuant to Florida Statute Section 607.0704(2002), which majority is sufficient to adopt said Amendment, on the <u>9</u> day of

__, 2003.

LINDA A. BRUCE

President

CARLENE WATSON,

Secretary

STATE OF FLORIDA COUNTY OF MANATEE

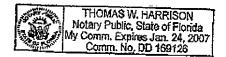
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County last aforesaid to take acknowledgments, personally appeared LINDA A. BRUCE, personally known to me to be the President of CHIROPRACTIC AND REHABILITATION ASSOCIATES, P.A., and that she acknowledged executing the same under authority duly vested in her by said corporation, and that the corporate seal affixed thereto is the true corporate seal of the corporation.

WITNESS my hand and official seal in the State and County last aforesaid, this ______ day of

____, 2003.

Notary Public

My Commission Expires:



STATE OF FLORIDA COUNTY OF MANATEE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County last aforesaid to take acknowledgments, personally appeared CARLENE WATSON, personally known to me to be the President of CHIROPRACTIC AND REHABILITATION ASSOCIATES, P.A., and that she acknowledged executing the same under authority duly vested in her by said corporation, and that the corporate seal affixed thereto is the true corporate seal of the corporation.

WITNESS my hand and official seal in the State and County last aforesaid, this 🤦 🔀 day of

Nowey Public

My Commission Expires:

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