



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem

Complete only the sections that you are up to  
To review current information, please go to: [sos.oregon.gov](#)

Assumed Business Name - Amendment

FILED: JUN 21, 2024  
OREGON SECRETARY OF STATE



57284284-26391239

WOODSTOCK CHIROPRACTIC...

AMDREG

For office use only

REGISTRY NUMBER: 572842-84

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public.  
We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. CURRENT BUSINESS NAME: Woodstock Chiropractic Clinic

2. NEW BUSINESS NAME: (If changed, \$50 fee required) N/A

3. DESCRIPTION OF BUSINESS: Chiropractic Medicine

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip)

8029 SE Woodstock Boulevard, Portland, OR 97206

5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING  or NEW

Kimberly A. Privitera

6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:

8029 SE Woodstock Boulevard, Portland, OR 97206

7. REGISTRANTS/OWNERS: (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

a. NEW REGISTRANTS/OWNERS: Street Address City State Zip  
Kimberly Ann Privitera P.C. 8029 SE Woodstock Boulevard, Portland, OR 97206

b. WITHDRAWING REGISTRANTS/OWNERS:

John L.V. Platt, D.C., P.C. 8029 SE Woodstock Boulevard, Portland, OR 97206

8. CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY: (This section is only for registrant address changes)(Attach separate sheet if needed)

Registrant Name Street Address City State Zip

9. COUNTIES:  Baker  Crook  Harney  Lake  Morrow  Union  
 Benton  Curry  Hood River  Lane  Multnomah  Wallowa  
 ALL COUNTIES  Clackamas  Deschutes  Jackson  Lincoln  Polk  Wasco  
(Statewide)  Clatsop  Douglas  Jefferson  Linn  Sherman  Washington  
 Columbia  Gilliam  Josephine  Malheur  Tillamook  Wheeler  
 Coos  Grant  Klamath  Marion  Umatilla  Yamhill

10. SIGNATURE(S): New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.  
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise  
misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by  
me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may  
be penalized by fines, imprisonment, or both.

Signature:

Printed Name:

Kimberly A. Privitera

John L.V. Platt

CONTACT NAME: (To resolve questions with this filing)

Amber Newton

PHONE NUMBER: (Include area code)

(503) 227-1515

Assumed Business Name - Amendment (11/17)

FEES

If Changing Business Name \$50

No Fee For Other Changes

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at [sos.oregon.gov/business](#) using the Business Name Search program.