## P980000 41139

(Re	equestor's Name)	
(Ad	ldress)	
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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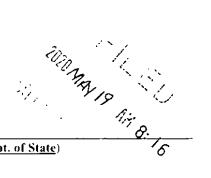
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Advanced Pain Ca	re, Inc	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Stanley R. Dennison Jr.,		
		Name of Contact Persor	1
	Advanced Pain Care, Inc		
		Firm/ Company	_
	1921 W. Dr. Martin Luther K	ling Jr. Blvd	
		Address	
	Tampa, Florida 33607-6509		
		City/ State and Zip Code	e
. •	Srdenn@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio Tatiana Dennison	n concerning this matter, plea	se call:at (	787-4715
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment Articles of Incorporation of



Advanced Pain Care, Inc.

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

P98000047739

(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendme		
A. If amending name, enter the new name of the corporation:			
APC, Inc	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	1921 W. Dr. Martin Luther King Jr. Blvd		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Tampa, FL 33607-6509		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	1921 W. Dr. Martin Luther King Jr. Blvd		
	Tampa. FL 33607-6509		
D. If amending the registered agent and/or registered office addressing registered agent and/or the new registered office addressing registered agent.  Name of New Registered Agent.			
tFlorida si	treet address)		
New Registered Office Address; NIA	. Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
<u> 4/n</u>			
Signature of New 1	Registered Agent, if changing		
Check if applicable			

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
t) Change			
Add			
Remove			
2) Change	~		
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Ádd			
Remove			
6) Change		_	
Add			
Remove			

(Attach ad	ling or adding additional additional sheets, if necessar	v). (Be specific)			
					_
-					
		.,			
If an am	endment provides for an e	xchange, reclassifi	cation, or cancella	tion of issued shares	3
provisio	ons for implementing the a tot applicable, indicate N/A	mendment if not c	ontained in the an	endment itself:	_
(9	····	,			
-			·	<del></del>	
	<del></del>		·····-		
		. <u>.</u> .			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : N\A	
(no more than 90 days after amendment file date,	)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
O5/15/2020  Dated  Signature  (By a director, president or other officer – is directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)  Stanley R. Dennison Jr.	
(Typed or printed name of person signing)  Owner Problem 1	
(Title of person signing)	