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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	PAIN CENT	TER P.A.	(CURRE	NTLY	JOHN	GOMEZ	, MD	&	ASSOCIATES	PA)
DOCUMENT NUMBE	S09041		<u> </u>			<u>.</u>			•	
	f Amendment and fee are su	bmitted for filing.	<u> </u>		·					
	ondence concerning this ma		1 2 :							
•	·	_	.	•						
	John Gomez, M.I				 		•			
r	PAIN CENTER P	Name of Conta	ict Person							
<u> </u>	PAIN CENTER P	Firm/ Com	nonv				•			
8	3130 Royal Palm		• •							
_		Addres					•			
(Coral Springs, FL	. 33065-57	03							
_		City/ State and	Zip Code				•			
pain	center3538@bel	Isouth.net								
-	E-mail address: (to be us		al report not	fication)						
For further information	concerning this matter, pleas	se call:								
Jeffrey T. Roy	er, Esq.	at (4	19 ,	350-1	265					
Name of	Contact Person		Area Code d	è Daytime	Telepho	ne Numbe	r			
Enclosed is a check for	the following amount made	payable to the Flor	rida Departm	ent of Sta	ite:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co	рy	\$52.50 F Certificat Certified (Addition is enclose	te of Stati Copy nal Copy	us				
	ng Address idment Section		Street Add							
Divis	Division of Corporations									
P.O. 1	Clifton Building									
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301								

Articles of Amendment to Articles of Incorporation of

JOHN GOMEZ, M.D. AND ASSOCIATES	5, P.A.
(Name of Corporation as currently flied with the Fig.	orida Dept. of State)
\$08941	·
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
PAIN CENTER P.A.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable; (Mailing address MAX BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: Name of New Registered Agent New Registered Agent New Registered Agent	,
Thanks of New Neglistered Agents	reen Drive, Unit B
(Florida stree	
New Registered Office Address: West Palm Beac	·
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent.) ith and accept the obligations of the position. — gent, if changing

Page 1 of 4

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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: X.Change	PT	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove		NOT APPLICABLE	
2) Change Add Remove		NOT APPLICABLE	
3) Change Add Remove		NOT APPLICABLE	
4) Change Add Remove		NOT APPLICABLE	
5) Change Add Remove		NOT APPLICABLE	
6) Change Add Remove		NOT APPLICABLE	

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
V/A :	
·	
·	
and the same	
·	
If an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
V/A	

The date of each amendment(s) add	May 24, 2012
Effective date if applicable: File	Date
Enecuve date it apprende.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by Not applicable	,,
ъу	(voting group)
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	sted by the incorporators without shareholder action and shareholder
Mav 24	. 2012
Dated May 24 Signature	Com Commy
By a dir selected	ector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
•	John Gomez
	(Typed or printed name of person signing)
	President
-	(Title of nerson signing)