F/300005378

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SECRETARY OF STATE ASION OF CREPORATIONS

C. LEWIS

JUL 11 2014

EXAMINER

COVER LETTER

Division of Corporations	
_{suвјест:} Georgia Pain Physicia	
	Corporation
DOCUMENT NUMBER: F13000005378	
The enclosed Affidavit by Foreign Corporation to C submitted for filing.	hange/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning this mat	ter to the following:
Andria Thurman	
Name of Contact Person	
Georgia Pain Physicians, PC	
Firm/Company	
2550 Windy Hill Road, Ste. 2	206
Address	
Marietta, GA 30067	
City/State and Zip Code	
a.thurman@nationalpaincare	com
E-mail address: (to be used for future annual report	
E-man address, (to be used for fatale annual report	
For further information concerning this matter, pleas	e call:
Andria Thurman	770 、635-3960
Name of Contact Person Are.	770 635-3960 a Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Dep	partment of State for the following amount:
\$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:	Street Address:
Amendment Section	Amendment Section
L L	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
, vicentation was a see was a 1	Tallahassee, FL 32301





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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

	(Note: Applicable only during the first	calendar year of qualification)	
1.	The name of the foreign corporation as it appears on Georgia Pain Physicians, P.C., P.A.	the records of the Florida Department of State is:	
2.	This entity was authorized to transact business in Flonumber is F13000005378	rida on 2/27/2014 and its Florida document	
3,	This corporation was formed under the laws of Georgia		
4.	The name and address of each officer and/or director is as follows:		
	t <u>le:</u> ce President	Name and Address John Whaley	
		2550 Windy Hill Rd., Ste. 206	
		Marietta, GA 30067	
T	reasurer	Vici Alexander	
		2550 Windy Hill Rd., Ste. 206	
		Marietta, GA 30067	
S	ecretary	John Clontz	
		2550 Windy Hill Rd., Ste. 206	
		Marietta, GA 30067	
, ,	(Attach additional pages	if necessary)	
يك	ECLL Pa	Secretary	
natu	re of an officer or director	Title of person signing	
d or	printed name of person signing	FILING FEE \$35	
	Make checks pa	yable to Florida Department of State and Mail to: rporations•PO Box 6327•Tallahassee, FL 32314	