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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | <u> </u> |
| Certified Copies | _ Certificates | of Status |
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Office Use Only



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EFFECTIVE DATE



12/05/05--01040--018 **35.00

N/C

18/14

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: West Florida Anesthesia, P.A. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: West Florida Anesthusia, P.A. (Firm/Company) 11323 Cortez Blvd. Brooksville FL 346/3
(City/State and Zip Code) For further information concerning this matter, please call: at (352) 597-0907 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee ☐ \$52.50 Filing Fee **S43.75** Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

| OIVISION OF C | Y OF ST. |
|---------------|-------------|
| 2005 DEC -5 | ORPORATIONS |
| 5 | PH 2:02 |

| • | Articles of incorporation | TOTON OF OF STATE |
|---|--|-----------------------|
| • | of | 2005 DEC. STATE |
| West Florida | Anesthesia, P.A. | PH 2: no |
| (Name of corpora | ation as currently filed with the Florida Dept. o | of State) |
| | | EFFECTIVE PLATE |
| (Do | (if l) | |
| (D00 | cument number of corporation (if known) | 7706 |
| Pursuant to the provisions of section adopts the following amendment(s) | n 607.1006, Florida Statutes, this <i>Floria</i> to its Articles of Incorporation: | da Profit Corporation |

NEW CORPORATE NAME (if changing):

Institute of Interventional Pain Management (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) (Attach additional pages if necessary) If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

| The date of each amendment(s) adoption: <u>Dec 1, 2005</u> |
|--|
| Effective date if applicable: Jan 1, 2006 (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval by |
| (voting group) |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| Signature (By a director, president or other officer - if prectors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Deborah H. Trary (Typed or printed name of person signing) President |
| President |

FILING FEE: \$35

(Title of person signing)