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TALLAHASSEE, FLORIDA

10/18/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLA MEDICAL PAIN RELIEF CENTER, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA ROLON, CPA
(Name of Person)

JENNIFER L. SCHECHTMAN, CPA PA
(Firm/Company)

9050 PINES BLVD., SUITE 205
(Address)

PEMBROKE PINES, FL 33024
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SANDRA ROLON, CPA at (954) 437-0700
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee

☐ $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 7, 2004

SANDRA ROLON, CPA
JENNIFER L. SCHECHTMAN, CPA PA
9050 PINES BLVD. SUITE 205
PEMBROKE PINES, FL 33024

SUBJECT: FLA MEDICAL PAIN RELIEF CENTER, LLC
Ref. Number: L00000009964

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FLA MEDICAL PAIN RELIEF CENTER, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must state explicitly what change you would like to make, withougt reference to other documents. For instance, if you would like to delete someone as a manager or managing member, typical wording would be "delete John Doe as managing member. The new managing member shall be Jane Doe..." Please also include addresses for any managers or managing members you wish to add.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 504A00058252

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLA MEDICAL PAIN RELIEF CENTER, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on AUGUST 14, 2000 and assigned document number L00000009964.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company: AMEND ARTICLE IV

DELETE Charla Santamaria (15%) as managing member
5700 NW 50 Street
Coral Springs, FL 33067

ADD as new managing members the following:

Jerry Dubravetz - 99%
6363 Taft Street #300A
Hollywood, FL 33024

Pain Centers Management Co., Inc - 1%
6363 Taft Street #300A
Hollywood, FL 33024

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 9/30/04

Signature of a member or authorized representative of a member

JERRY DUBRAVETZ
Typed or printed name of signee

Filing Fee: $25.00