L01000014014

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR -8

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000053123 4)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

AL

LIMITED LIABILITY AMENDMENT

SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SOUTH FLORIDA PAIN RELIEF CENTER, LLC
(Present Name)
(A Florida Limited Liability Company)

FILED
02 MAR -8
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The date of filing of the articles of organization was 8/20/01

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

AMEND ARTICEL III:

DELETE:

JERRY DUBRAVETZ 60%
1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

CHARLA SANTAMARIA 20%
1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

ANDRES OLEA 20%
1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

CHANGE TO:

JERRY DUBRAVETZ 90%
1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

CHARLA SANTAMARIA 5%
1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

ANDRES OLEA 5%
1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

Dated 3-08-02

Signature of a member or authorized representative of a member

Jerry Dubravetz
Typed or printed name of signer