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TRANSMITTAL LETTER

	gistration Section vision of Corporations	•
SUBJECT:	SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER, LLC (Name of Limited Liability Company)	
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	SANDRA ROLON, CPA	
	(Name of Person)	
	JENNIFER L. SCHECHTMAN CPA, PA	
	(Firm/Company)	SEC 2
	9050 PINES BLVD., SUITE 205	AR R
	(Address)	ASSECT D
	PEMBROKE PINES, FL 33024	FISH P
	(City/State and Zip Code)	24
For further is	information concerning this matter, please call:	
SA	INDRA ROLON, CPA at (954) 437-0700	
	(Name of Person) (Area Code & Daytime Tele	phone Number)
Enclosed is a	check for the following amount:	
Ø \$25.00 Fil	Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	\$60.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on AUGUST 21, 2001 and assigned document number L01000014014
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:
	AMEND ARTICLE III
	DELETE AS MANAGING MEMBERS
	CHARLA SANTAMARIA 5% 5700 NW 50 STREET CORAL SPRINGS, FL 33067 JERRY DUBRAVETZ 998 6363 TAFT STREET, SUITE 3002 HOLLYWOOD, FL 33024
	PAIN CENTERS MANAGEMENT CO. 1% 6363 TAFT STREET, SUITE 300A HOLLYWOOD, FL 33024
Dated	October 11, 2004.
	Signature of member or anthorized representative of a member
	JERRY DUBRAVETZ

Filing Fee: \$25.00

Typed or printed name of signee

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