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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : 120030000037
Phone : (561) 835-8500
Fax Number : (561) 650-8530

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SPINE & PAIN AMBULATORY SURGICAL CENTER, LLC

Certificate of Status	0
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EXAMINER

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**ARTICLES OF AMENDMENT TO
THE ARTICLES OF ORGANIZATION
OF SPINE & PAIN AMBULATORY SURGICAL CENTER, LLC**

Pursuant to the provisions of Section 608.411 of the Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Organization:

I. The following amendments of the Articles of Incorporation were adopted by the members of the company on November 15, 2008, in the manner prescribed by the Florida Limited Liability Company Act:

Article I is hereby deleted in its entirety and replaced by the following:

ARTICLE I. NAME

The name of the Company shall be **INTERVENTIONAL PROCEDURE FACILITY, LLC**

Article IV is hereby deleted in its entirety and replaced by the following:

The name and street address of the registered agent of this Company are as follows:

Lawrence Gorfine, MD, 2290 10th Avenue North, Suite 600, Lake Worth, FL 33461

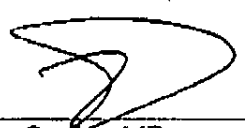
Dated: November 15, 2008

Interventional Procedure Facility, LLC
a Florida limited liability company

By: 
Lawrence Gorfine, MD, President

REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.


Lawrence Gorfine, MD

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