

L070000054307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

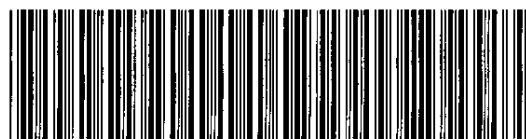
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DIVISION OF CORPORATIONS  
09 JUL - 7 PM 2:42

T. HAMPTON

JUL - 8 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BCMD PAIN MANAGEMENT, PLLC**

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:

**BLAINE CAMERON, MD**

Name of Person

**BCMD PAIN MANAGEMENT, PLLC**

Firm/Company

**6586 HYPOLUXO ROAD SUITE # 334**

Address

**LAKE WORTH, FL 33467**

City/State and Zip Code

**INFO@EBCMD.COM OR BLAINE218@HOTMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MARSHA CAMERON**

Name of Person

at ( 954 )

**868-5201**

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)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JUL -7 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 16, 2009

BLAINE CAMERON MD  
6586 HYPOLUXO RD  
STE 334  
LAKE WORTH, FL 33467

SUBJECT: BCMD PAIN MANAGMENT, PLLC  
Ref. Number: L07000054307

We have received your document for BCMD PAIN MANAGMENT, PLLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$60.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 509A00020412

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BCMD PAIN MANAGEMENT, PLLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/22/2007 and assigned  
Florida document number L07000054307.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6586 HYPOLUXO ROAD

SUITE # 334

LAKE WORTH, FL 33437

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6586 HYPOLUXO ROAD

SUITE # 334

LAKE WORTH, FL 33467

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DIVISION OF CORPORATIONS  
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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

28 W FLAGLER STREET SUITE # 202

*Enter Florida street address*

MIAMI

Florida

33130

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

**MGR = Manager**  
**MGRM = Managing Member**

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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|              |             | _____          |                                 |
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| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |

**D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)***


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 06/08/09

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

**BLAINE CAMERON**  
 \_\_\_\_\_  
 Typed or printed name of signee

**FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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