

# L08000048116

Florida Department of State  
Division of Corporations  
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L SELLERS

MAR 18 2009

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

EXAMINER

From:  
Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)  
Account Number : 071005001001  
Phone : (727) 441-8966  
Fax Number : (727) 442-8470

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## ALTERNATIVE PAIN MANAGEMENT SOLUTIONS, LLC

Certificate of Status	1
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Alternative Pain Management Solutions, 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:

Emil C. Marquardt, Jr., Esq.

(Name of Person)

Macfarlane Ferguson & McMullen

(Firm/Company)

625 Court Street, Suite 200

(Address)

Clearwater, FL 33756

(City/State and Zip Code)

For further information concerning this matter, please call:

Emil C. Marquardt, Jr., Esq.

(Name of Person)

at ( 727 ) 441-8966

(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

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

ALTERNATIVE PAIN MANAGEMENT SOLUTIONS, LLC

(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 05/14/2008 and assigned  
Florida document number L08000048116

This amendment is submitted to amend the following:

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

THE WORKCOMP ADVISORY GROUP, LLC

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

Enter new principal offices address, if applicable:

334 EAST LAKE ROAD, UNIT 330

(Principal office address MUST BE A STREET ADDRESS)

PALM HARBOR, FL 34685

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

(Enter Florida street address)

Florida

(City)

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 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)

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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

Title	Name	Address	Type of Action
MGRM	Pennachio and Pennachio, Inc.	334 East Lake Road, Unit 330 Palm Harbor, FL 34685	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Frank M. Pennachio	334 East Lake Road, Unit 330 Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

3/11/09

Susan S. Toussaint  
Signature of a member or authorized representative of a member

Susan S. Toussaint  
Typed or printed name of signee

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Filing Fee: \$25.00

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