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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 22 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: IPS of Ft. Myers, 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:

Jay Hermoyian

Name of Person

Innovative Pain Solutions

Firm/Company

201 Montgomery Ave

Address

Sarasota, FL 34243

City/State and Zip Code

jhermoyian@medfinfl.com

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

For further information concerning this matter, please call:

Bradley Wachowiak

Name of Person

at (404)

425-2600

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

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

IPS of Ft. Myers, 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 11/26/2008 and assigned
Florida document number L08000109674.

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)

8255 College Pkwy

Suite 100

Ft. Myers, FL 33919-5119

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: Jay Hermoyian

New Registered Office Address: 201 Montgomery Ave

Enter Florida street address

Sarasota

Florida

34243

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.

[Signature]
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>
MGRM	Carl R Noback, MD	201 Montgomery Ave Sarasota, FL 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Innovative Pain Solutions, Inc.	201 Montgomery Ave Sarasota, FL 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	APMS Assets, LLC	812 CAPE VIEW DRIVE FORT MYERS FL 33919	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ARFREY, LLC	859 Hatchee Vista Drive Fort Myers, FL 33919	<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

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

Dated May 19, 2009.

Signature of a member or authorized representative of a member
Bradley J Wachowiak
Typed or printed name of signee

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TALLAHASSEE, FLORIDA