

Corporate 1300675000
LD8000109674

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9085

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB - 1 AM 8:24

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IPS OF FT. MYERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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T. CLINE

FEB - 2 2010

EXAMINER

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10000022018-3

**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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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)

(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)

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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	APMS ASSETS, LLC	812 CAPE VIEW DRIVE FORT MYERS FL 33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ARFREY, LLC	859 HATCHEE VISTA DRIVE FORT MYERS FL 33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ADVANCED PAIN MANAGEMENT SPECIALISTS, P.A.	8225 COLLEGE PARKWAY, STE 200 FORT MYERS FL 33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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TAMAS
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 29, 2010

Carl R Noback MD

Signature of a member or authorized representative of a member

Carl R Noback MD

Typed or printed name of signee

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