

**L09000000359**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000003053 3)))



H09000003053ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

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

## From:

Account Name : PAUL SALVER, P.A.  
Account Number : I20020000087  
Phone : (954) 389-1333  
Fax Number : (954) 389-1397

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN - 6 AM 8:52

FILED

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

**PEACE OF MIND PAIN MANAGEMENT OF DEERFIELD, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

**C. LEWIS**

**JAN 07 2009**

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

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

**FILED**

2009 JAN -6 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Peace of Mind Pain Management of Deerfield, 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 January 2, 2009 and assigned  
Florida document number L09000000369.

This amendment is submitted to amend the following:

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

Peace of Mind Pain Management of Deerfield, P.L.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

660 Linton Blvd., Suite 110-A

Delray Beach, FL 33444

**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)

(City), Florida  
(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>
MGR	Lilia Vinarsky	44 NE 2nd Avenue Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Basim Elhabashy	44 NE 2nd Avenue Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lilia Vinarsky	660 Linton Blvd. Suite 110-A Delray Beach, FL 33444	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Basim Elhabashy	660 Linton Blvd. Suite 110-A Delray Beach, FL 33444	<input checked="" type="checkbox"/> Add <input checked="" 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.)*

Article III: Amended - Purpose: Physician's Office

Dated

1/6/09

Signature of a member or authorized representative of a member

Basim Elhabashy, MD

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

STATE OF FLORIDA  
TALLAHASSEE

2009 JAN -6 AM 8:52

FILED