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G. MCLEOD

MAY 28 2009

**EXAMINER** 



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## **COVER LETTER**

Division of C			•			
SUBJECT:	BJECT: IPS of DelTona, LLC					
		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	pondence concerning this matte	r 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				
	jhe E-mail address: (	rmoyian@medfinfl.com to be used for future annual repor	notification)			
For further information	concerning this matter, please of					
	Tonoching and matter, preuse c					
	lan Myers	at (_941_)	560-1966 aytime Telephone Number			
Name	of Person	Ārea Code & D	aytime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAII	LING ADDRESS:	STREET/COURIER ADDRESS:				

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

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

## ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

IP	S of DelTona			
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	<u>s on our records.</u> )		
The Articles of Organization for this Limited Liability (				
Florida document numberL0900014065				_
Torida document names.	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	ny," the designation "L	LC" or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
	***		99	<u>-≥</u>
			# #	SEC
Enter new mailing address, if applicable:			<del>- 2</del>	Mary page
(Mailing address MAY BE A POST OFFICE BOX)	<b>W</b> 11.11			
			<u> </u>	<u> </u>
			, .∵	 
B. If amending the registered agent and/or registered agent and/or the new registered office ado		our records, <u>enter t</u>	ne name o	r the new
				· <del>·</del> ·
Name of New Registered Agent:		·		
New Registered Office Address:				
	Enter Florida street address			
	- Ciri	, Florida	7. 7 1	
	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 Type of Action **Address Title** <u>Name</u> MUA Center of Palm Coast MGRM 201 Montgomery Ave ☐ Add Remove Sarasota, Fl. 34243 Mountain Medical Center, MGRM 777 Deltona Blvd ✓ Add Deltona, FL 32725 Remove ☐ Add ☐ Remove Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00