

LD9000014065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAY 28 2009

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 21 PM 2:06

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IPS of DelTona, 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:

Ian Myers

Name of Person

at (941)

560-1966

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

IPS of DelTona

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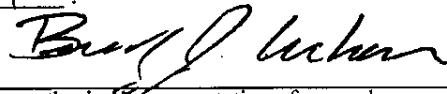
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|--|--|
| MGRM | MUA Center of Palm Coast | 201 Montgomery Ave Sarasota, FL 34243 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Mountain Medical Center | 777 Deltona Blvd Deltona, FL 32725 | <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 May 19, 2009



Signature of a member or authorized representative of a member

Bradley J Wachowick

Typed or printed name of signee