

L09000026338

Florida Department of State

Division of Corporations

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From:

Account Name : CSH SERVICES, LLC
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SURGICAL SPINE ASSOCIATES, LLC

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A. LUNT

JUL 27 2009

EXAMINER

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4090001697963

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Surgical Spine Associates, 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 March 17, 2009
Florida document number L09000026338

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**)

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

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

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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	Innovative Pain Solutions, L	201 Montgomery Ave. Sarasota, FL 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ron Silverberg, DC	1701 SE HILLMOOR DRIVE SUITE A1 PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Alan Tannenbaum, MD, DC	523 CAPE CORAL PKWY CAPE CORAL FL 33904	<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
MGRM	Advanced Pain Managemer	8255 College Parkway FORT MYERS FL 33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated July 24, 2009

Bradley J. Wachowiak

Signature of a member or authorized representative of a member

Bradley J. Wachowiak

Typed or printed name of signee

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