

L10000001064

Florida Department of State
Division of Corporations
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.

((H17000290557 3)))



H170002905573ABC3

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 : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)398-3911
Fax Number : (904)396-0663

****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
FLORIDA COAST PAIN CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

© SIMMONS

NOV 06 2017

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Florida Coast Pain Center, LLC

SECOND: The Florida Document number of the limited liability company is: L10000001664

THIRD: Document to be corrected is: Amendment to Articles of Organization filed 10/20/2017

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the company was mistakenly changed to Florida Coast Pain Center, LLC. It is the intention of the members of the company to continue to use Florida Institute of Pain Medicine, LLC as the name of the company. The name of the company is Florida Institute of Pain Medicine, LLC.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

Beverly Pastore
Signature of Authorized Representative

11/3/2017
Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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 605, 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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED

NOV 3 2017 PM 12:52