

L10000016042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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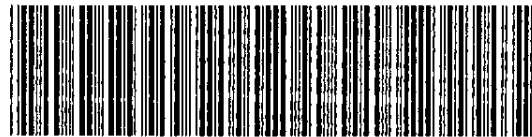
(Business Entity Name)

(Document Number)

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11 MAR 10 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 11 2011

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Gulfshore Pain & Wellness Centre, 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:

Jeffrey L. Myers

Name of Person

Law Office of Jeffrey L. Myers

Firm/Company

18413 Keystone Grove Blvd.

Address

Odessa, Florida 33556

City/State and Zip Code

JMLAW10575@AOL.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jeffrey L. Myers

Name of Person

at ( 813 )

852-2244

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

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

**Gulfshore Pain & Wellness Centre, 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 February 11, 2010 and assigned  
Florida document number L0000016042

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:

4700 N. Habana Avenue

(Principal office address MUST BE A STREET ADDRESS)

# 403

Tampa, Florida 33614

Enter new mailing address, if applicable:

4700 N. Habana Avenue

(Mailing address MAY BE A POST OFFICE BOX)

# 403

Tampa, Florida 33614

**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	Fred Turner, M.D.	4700 N. Habana Avenue, #403 Tampa, Florida 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jerome Cannata	508 S. Habana Avenue, Ste. 300 Tampa, Florida 33609	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Fred Turner, M.D. is the new owner of Gulfshore Pain & Wellness Centre, LLC.

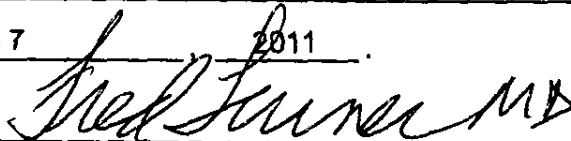
Doctor Turner is a Board Certified Orthopedic Surgeon, licensed in Florida -

License No. 59799. Doctor Turner is also the new Designated Physician for the

Clinic. Ownership is effective as of January 1, 2011 in order to comply with the

the regulation of Pain Management Clinics under F.S. 458.3265.

Dated March 7 2011



Signature of a member or authorized representative of a member

Fred Turner, M.D.

Typed or printed name of signee

FILED  
11 MAR 12 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA