

L10000054033

Florida Department of State
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAIN AND SPINE CENTERS OF FLORIDA, LLC**

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Note:

Date: 10/21/2011

Pages: 4

From: Sam Patel

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
PAIN AND SPINE CENTERS OF FLORIDA, LLC.
(A Florida Limited Liability Company)**

The Articles of Organization for this Limited Liability Company were filed on **OCTOBER 18TH 2011** and assigned Florida document number **L10000054033**.

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:

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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From: Sam Patel

Fax: +1 (407) 298-0660

To:

Fax: +1 (850) 617-8383

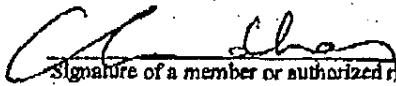
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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

NAGABHAIRU, LALBAHADU DR., MGRM (ADD)
P.O. BOX 1266
TAVARES, FL 32778



Signature of a member or authorized representative of a member

DR. SRIDHAR PINNAMANENI
Typed or printed name of signee

10/18/11
DATE

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