

L10000055862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

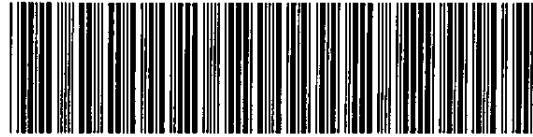
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300223759813

03/05/12--01027--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -5 PM 1:41

MAR - 6 2012

TO: Registration Section
Division of Corporations

SUBJECT: Capital City Pain Management, L.C.

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terrell C. Madigan
MADIGAN LAW FIRM, P.L.
Post Office Box 10321
Tallahassee, Florida 32302
E-mail address (to be used for future annual report notification):
tmadigan@madiganlawfirm.com

For further information concerning this matter, please call:

Terrell C. Madigan at (850) 224-8623

Enclosed is a check for the following amount: ~~£~~\$25.00 Filing Fee

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**

**CAPITAL CITY PAIN MANAGEMENT, L.C.
A Florida Limited Liability Company**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -5 PM 1:41

FIRST: The Articles of Organization were filed on May 24, 2010, and assigned document number L10000055862.

SECOND: The following amendments to the Articles of Organization were adopted by the Professional Limited Liability Company:

Article I: The name of the Professional Limited Liability Company is:

TALLAHASSEE NEUROLOGY SPECIALISTS, P.L.

Article II: The street address of the principal office of the Professional Limited Liability Company is:

1842 JACLIF COURT, SUITE B, TALLAHASSEE, FLORIDA 32308

The mailing address of the principal office of the Professional Limited Liability Company is:

1842 JACLIF COURT, SUITE B, TALLAHASSEE, FLORIDA 32308

Article III: The purpose for which the Professional Limited Liability Company is organized is:


**TO ENGAGE AS AND IN A PROFESSIONAL SERVICE FOR
THE PRACTICE OF MEDICINE RELATING TO NEUROLOGY,
PAIN MANAGEMENT AND ALL ASSOCIATED MEDICAL ARTS
AND ANY OTHER LAWFUL PURPOSES AS PERMITTED OF A
PROFESSIONAL LIMITED LIABILITY COMPANY**

**ORGANIZED PURSUANT TO FLORIDA STATUTES CHAPTER
621 (2011).**

Article IV: The name and address of the Managing Member is:

**ROLAND P. JONES, M.D.
1842 JACLIF COURT, SUITE B
TALLAHASSEE, FLORIDA 32308**

March 1, 2012



Terrell C. Madigan
Madigan Law Firm, P.L.
Post Office Box 10321
Tallahassee, Florida 32303
Fla. Bar #380318
Registered Agent,
Authorized Representative and
Attorney for TALLAHASSEE NEUROLOGY SPECIALISTS, P.L.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -5 PM 1:41