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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Broad Pain Care Physicians, 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:

**Peter Zuckoff**

\_\_\_\_\_  
Name of Person

**RAPS Acquisition Holdings, LLC**

\_\_\_\_\_  
Firm/Company

**7100 W Camino Real, Suite 301**

\_\_\_\_\_  
Address

**Boca Raton, Florida 33433**

\_\_\_\_\_  
City/State and Zip Code

**pzuckoff@resolutemd.com**

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

For further information concerning this matter, please call:

**Peter Zuckoff**

**561**

**406-2328**

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_)\_\_\_\_\_  
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**

Broad Pain Care Physicians, 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 11/24/2010 and assigned  
Florida document number L10000122105.

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)**

7100 W Camino Real

Suite 301

Boca Raton, Florida 33433

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7100 W Camino Real

Suite 301

Boca Raton, Florida 33433

**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:

Thomas Nordstrom

New Registered Office Address:

7100 W Camino Real, Suite 301

Enter Florida street address

Boca Raton

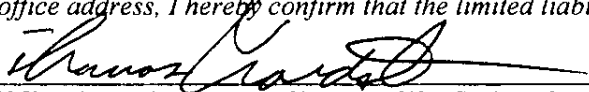
City

Florida 33433

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 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.*

  
**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Harvey Plosker	501 Glades Road	<input type="checkbox"/> Add
		Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Remove
AMBR	Peter Zuckoff	7100 W Camino Real, Suite 301	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33433	<input type="checkbox"/> Remove
AMBR	Jay Martin	7100 W Camino Real, Suite 301	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33433	<input type="checkbox"/> Remove
AMBR	Brian Murphy	7100 W Camino Real, Suite 301	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33433	<input type="checkbox"/> Remove
MGR	Brian Gillon	7100 W Camino Real, Suite 301	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33433	<input type="checkbox"/> Remove
MGR	Andrew Astrove	501 Glades Road	<input type="checkbox"/> Add
		Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Remove

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Steven Stein	501 Glades Road	<input type="checkbox"/> Add
		Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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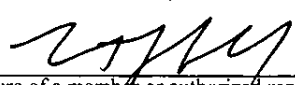
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/23, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Peter Zuckoff

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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