

L18000034290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

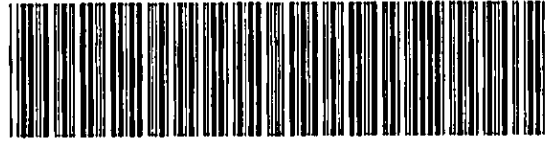
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200381834202

02/25/22--01010--016 **60.00

FILED
2022 FEB 25 PM 4:46
STATE
TALLAHASSEE, FL

5 BRUCE
MAR 03 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO PAIN MANAGEMENT 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:

VINCENTIU POPA

Name of Person

VP PAIN MANAGEMENT LLC

Firm/Company

719 BUTTERNUT DR

Address

FRANKLIN LAKES, NJ 07417

City/State and Zip Code

VPMDPAINMGT@GMAIL.COM

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

For further information concerning this matter, please call:

VINCENTIU POPA

201 925-0277
at ()

Name of Person

Area Code

Daytime Telephone Number

FILED
2022 FEB 25 PM 4:46
STATE OF FLORIDA
TALLAHASSEE, FL

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 FEB 25 PM 1:46
SECURITY STATE
TALLAHASSEE, FL

100

2022 FEB 25 PM 1:46
SOUTH FLORIDA STATE
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 2ND, 2022

VINCENTIU POPA MD

Filing Fee: \$25.00