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## BARTLETT & DEAL, P.A.

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INTERNET www.jaxrelaw.com

February 6, 2008

Department of State Division of Corporations Corporate Filings Post Office Box 6327 Tallahassee, FL 32314

RE: Articles of Amendment Pain Management Research, Inc.

Dear Sir or Madam:

Please find enclosed Articles of Amendment and our check in the amount of \$50.00 for the filing fee. Please let me know if there is anything further we need to do to accomplish the amendment to the Articles of Incorporation.

Sincerely,

DRB/ db ENCLOSURE

SECRETARY OF STATE

J 18 KW 8-8-34 MIN



February 11, 2008

D. RANDALL BRILEY BARTLETT & DEAL, P.A. 135 PROFESSIONAL DR., SUITE 101 PONTE VEDRA BEACH, FL 32082

SUBJECT: PAIN MANAGEMENT RESEARCH, INC.

Ref. Number: N08000000182

We have received your document for PAIN MANAGEMENT RESEARCH, INC. and check(s) totaling \$50.00. However, your check(s) and document are being returned for the following:

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 508A00008817

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

	•
NAME OF CORPORATION: P	ain Management Research, Inc.
,	
DOCUMENT NUMBER:N	08 000000182
The enclosed Articles of Amendmen	t and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
D. Randall Br	iley
	(Name of Contact Person)
Bartlett, Dea	1 & Briley, P.A.
	(Firm/ Company)
135 Professio	nal Drive, Suite 101
	(Address)
Ponte Vedra B	each, FL 32082
	(City/ State and Zip Code)
For further information concerning the	his matter, please call:
D. Randall Briley	at ( 904 ) 285-5299
(Name of Contact Person)	
Enclosed is a check for the following	g amount:
■ \$35 Filing Fee  \$43.75 Fili Certificate	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## Articles of Amendment to Articles of incorporation of

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pain Manage	ement Resea	rch, Inc	•	·	}	····	
(Name o	of corporation as	currently file	ed with the l	Florida D	ept. of S	tate)	
			•				
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	(Document	number of co	rporation (1	i known)	l		
ursuant to the provisions for poration adopts the fo	of section 61 llowing amen	7.1006, Flo idment(s) to	orida Statu o its Artic	ites, this les of Ir	s <i>Floria</i> acorpor	<i>la Not Fo</i> ation:	r Profit
EW CORPORATE NA	AME (if chan	ging):					
Institute of Pain	Management	· Fducati	onálan	d Rese	arch '	Foundati	on, Inc.
nust contain the word "corpor	ration," "incorpor	rated," or the	abbreviatio	n "corp."	or "inc."	or words o	f like import
nguage; "Company" or "Co.	' may <u>not</u> be use	d in the name	e of a not fo	r profit c	orporatio	on)	
MENDMENTS ADOP	тер. (отні	ER THAN	NAME (	'HANG	hel ( <b>H</b> E	icate Artic	ale.
umber(s) and/or Article	Title(s) being	amended,	added or	deleted:	(BE SI	PECIFIC)	J1C
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(continued)

The date of adoption of the amendment(s) was:					
Effective date if applicable:					
<del></del>	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
	as (were) adopted by the members and the number of votes cast as sufficient for approval.				
	s or members entitled to vote on the amendment. The vere) adopted by the board of directors.				
Signature	a				
(By the chairman or have not been select	r vice chairman of board, president or other officer- if directors cted, by an incorporator- if in the hands of a receiver, trustee, or ed fiduciary, by that fiduciary.)				
Orlando G. F	lorete, Jr.				
(Тур	ed or printed name of person signing)				
President					
<del></del>	(Title of person signing)				

FILING FEE: \$35