

N95000004941

(Requestor's Name)

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(City/State/Zip/Phone #)

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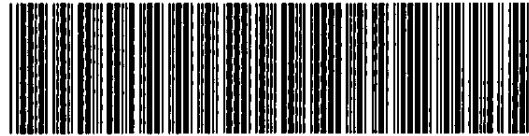
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AOR*  
*9/14/11*

**COVER LETTER**

**TÓ:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** THE FLORIDA CANCER PAIN INITIATIVE, INC.

**DOCUMENT NUMBER:** N95000004941

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

Please return all correspondence concerning this matter to the following:

CONNIE LEON

(Name of Contact Person)

(SELF)

(Firm/ Company)

P.O. BOX 780755

(Address)

ORLANDO, FL 32878

(City/ State and Zip Code)

cpharmd@gmail.com

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

For further information concerning this matter, please call:

NIN YAP

(Name of Contact Person)

at ( 407 ) 359-0256

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
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

FILED

2011 SEP 13 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE FLORIDA CANCER PAIN INITIATIVE, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N95000004941

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

FLORIDA PAIN INITIATIVE, INC.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

1337 HAMPSTEAD TERRACE

OVIEDO, FL 32765

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 780755

ORLANDO, FL 32878

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

CONNIE LEON

New Registered Office Address:

1337 Hampstead Terrace

(Florida street address)

Oviedo

(City)

Florida 32765

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

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(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

(Attach additional sheets, if necessary)

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

Page 2 of 3

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: SEPTEMBER 2, 2011

*(date of adoption is required)*

Effective date if applicable: SEPTEMBER 24, 2011

*(no more than 90 days after amendment file date)*

Adoption of Amendment(s)

**(CHECK ONE)**

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/1/2011

Signature Connie Leon

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CONNIE LEON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)