

PO000058226

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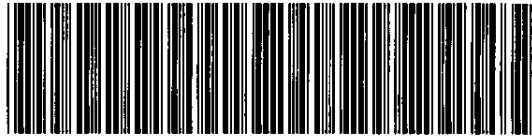
(Business Entity Name)

(Document Number)

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06 DEC 22 PM 1:11

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

06 DEC 22 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 22 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 682710 9960A

AUTHORIZATION :

COST LIMIT : \$ PPD CHECK NO 20631

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ORDER DATE : December 22, 2006

ORDER TIME : 11:16 AM

ORDER NO. : 682710-005

CUSTOMER NO: 9960A  
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DOMESTIC AMENDMENT FILING

NAME: METROPOLITAN PAIN MANAGEMENT  
CENTER, INC.

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF AMENDMENT TO  
ARTICLES OF INCORPORATION OF  
METROPOLITAN PAIN MANAGEMENT CENTER, INC.**

FILED  
06 DEC 22 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA


1. The name of this corporation is METROPOLITAN PAIN MANAGEMENT CENTER, INC.

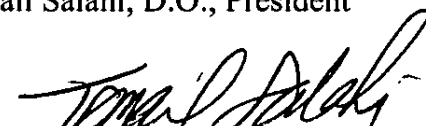
2. An amendment to ARTICLE I of the Articles of Incorporation has been adopted by the shareholder of this corporation pursuant to §§607.0704 and 607.0821, Florida Statutes (2005), to change the name to "MPM CENTER, INC."

3. The above amendment to ARTICLE I of the Articles of Incorporation shall be effective as of the filing date.

4. The foregoing amendment to the Articles of Incorporation of METROPOLITAN PAIN MANAGEMENT CENTER, INC. was adopted by the corporation by virtue of shareholder and director consent on December 21, 2006.

IN WITNESS WHEREOF, the undersigned President and Secretary of METROPOLITAN PAIN MANAGEMENT CENTER, INC. have executed this Amendment to the Articles of Incorporation of METROPOLITAN PAIN MANAGEMENT CENTER, INC. this 21<sup>st</sup> day of December, 2006.

  
\_\_\_\_\_  
Ismail Salahi, D.O., President

  
\_\_\_\_\_  
Ismail Salahi, D.O., Secretary

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing Agreement was acknowledged before me this 21 day of December, 2006, by ISMAIL SALAHI, D.O., as President and as Secretary of METROPOLITAN PAIN MANAGEMENT CENTER, INC., who is either personally known to me or produced the identification described below and who did not take an oath.



DAVID H. PEEK  
Notary Public, State of Florida  
My comm. expires Dec. 6, 2007  
Comm. No. DD 267701

A handwritten signature in black ink, appearing to read "David H. Peek", written over a horizontal line.

Print: \_\_\_\_\_

Notary Public, State and County Aforesaid  
Commission No. \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
**Personally Known**

\_\_\_\_\_  
Type of Identification

***CONSENT TO CORPORATE ACTION***

The undersigned, constituting the directors and shareholders of METROPOLITAN PAIN MANAGEMENT CENTER, INC., a Florida corporation ("Company"), hereby consents to the following corporate action without a meeting, pursuant to Florida Statutes, §§607.0704 and 607.0821:

RESOLVED, that the officers and directors of the Company are hereby authorized and directed to take whatever steps are necessary to change the name of Company from "METROPOLITAN PAIN MANAGEMENT CENTER, INC." to "MPM CENTER, INC." and to execute the Articles of Amendment to the Articles of Incorporation attached hereto in order to cause said name change.

Dated: \_\_\_\_\_

12/21/06

  
Ismail Salahi, D.O., Director and Shareholder