

PD00000065333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

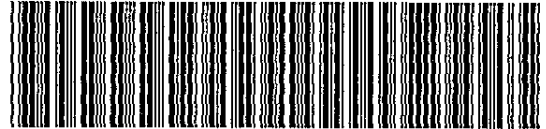
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

returned \$100
check
10/13/04
10

Office Use Only

Amend/Name
change
10
10.13.04



900041216889

09/22/04--01006--006 **35.00

FILED
04 OCT 11 PM 3:09
SECRETARY OF
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
OCT 11 PM 3:09
TALLAHASSEE, FLORIDA

NAME OF CORPORATION: Orlando Pain and Medical
Rehabilitation Centers, Altamonte Springs, Inc

DOCUMENT NUMBER: P 00000065333

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

Please return all correspondence concerning this matter to the following:

Steven C. Burns
(Name of Contact Person)

Same
(Firm/ Company)

7870 Canyon Lake Circle
(Address)

Orlando, FL 32835
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Steven Burns at (407) 268-2100
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

407 447.7391

☒ \$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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 28, 2004

STEVEN C. BURNS
7870 CANYON LAKE CIRCLE
ORLANDO, FL 32835

AS, Inc

SUBJECT: ~~ORLANDO PAIN AND MEDICAL REHABILITATION CENTERS,~~
~~ALTAMONTE SPRINGS, INC.~~
Ref. Number: P00000005333

We have received your document for ORLANDO PAIN AND MEDICAL REHABILITATION CENTERS, ALTAMONTE SPRINGS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted too many documents, the changes you wish to make can be made within the amendment.

The fee to file the registered agent resignation is \$87.50 on an active corporation and \$35.00 for each of the other documents. The new registered agent acceptance and signature must be included with the amendment. Therefore, there is no need to file the resignation of the registered agent when you are changing this agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 204A00056780

RECEIVED
OCT 11 11 15010
DIVISION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 OCT 11 PM 3:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Orlando Pain and Medical Rehabilitation Centers, Altamonte

(Name of corporation as currently filed with the Florida Dept. of State)

Spring, Inc.

P00000065333

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

Orlando Pain & Medical Rehabilitation Center, AS, Inc

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

Please note the use of "&" in place of the word "and"

" " no "s" on end of the word Center

" " AS instead of Altamonte Springs

" " change of registered agent

" " officer Steven Burns

" " officer removal Christine Arellano

" " change of address for mailing/RA/officer

7870 CANYON LAKE Circle

Orlando, FL 32835

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]

(Signature of Registered Agent)

9/10/04

(Date)

If signing on behalf of an entity:

Steven C. Burns

The date of each amendment(s) adoption: 9 / 10 / 04

Effective date if applicable: Same
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by
_____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 10 day of September, 2004.

Signature

B D R
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Brian D. Burns

(Typed or printed name of person signing)

President (Past)

(Title of person signing)

FILING FEE: \$35