

P000000092406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

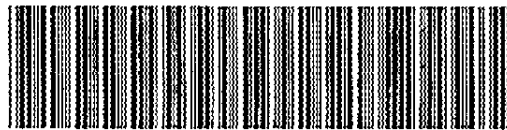
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2007 JAN -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gold Coast Medical, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

JENNIFER D. LIEBERMAN, ESQ.

(Name of Contact Person)

NATIONAL PAIN INSTITUTE

(Firm/ Company)

951 BROKEN SOUND PARKWAY NW., SUITE 225

(Address)

BOCA RATON, FL. 33487

(City/ State and Zip Code)

For further information concerning this matter, please call:

Jennifer D. Lieberman, Esq.

(Name of Contact Person)

at (561) 241-9300

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2006

JENNIFER D. LIEBERMAN, ESQ.
951 BROKEN SOUND PARKWAY NW
SUITE 225
BOCA RATON, FL 33487

SUBJECT: GOLD COAST MEDICAL, P.A.
Ref. Number: P00000092406

We have received your document for GOLD COAST MEDICAL, P.A. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

A corporation cannot convert into another Florida profit corporation. Pursuant to s. 607.1115(1), F.S., "the term 'other business entity' means a limited liability company; a common law or business trust or association; a real estate investment trust; a general partnership, including a limited liability partnership; a limited partnership, including a limited liability limited partnership; or any other domestic or foreign entity that is organized under a governing law or other applicable law, provided such term shall not include a corporation and shall not include any entity that has not been organized for profit."

What you need to file is an amendment to change the suffix on the end of the name.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 206A00070952



NATIONAL PAIN INSTITUTE

951 Broken Sound Pkwy NW Suite 225 • Boca Raton, FL 33487 • Tel 561.241.9300 • Fax 561.241.9339

Corporate Headquarters

December 4, 2006

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Gold Coast Medical, Inc.

To Whom It May Concern:

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s.607.1115.FS.

Please return all correspondence concerning this matter to:

JENNIFER D. LIEBERMAN, ESQ.
General Counsel
National Pain Institute
951 Broken Sound Parkway NW, Suite 225
Boca Raton, FL 33487.

Enclosed is a check for the following amount. \$105.00 for Conversion Fee and Florida Profit Articles of Incorporation.

Thank you.

Sincerely,

JENNIFER D. LIEBERMAN, ESQ.
General Counsel

JDL/tr
Encl



CARF Accredited in Outpatient
Pain Management Program

Articles of Amendment
to
Articles of Incorporation
of

FILED

2007 JAN -8 PM 12: 17

Gold Coast Medical, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(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):

Gold Coast Medical, 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)**

N/A

(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)

N/A

(continued)

The date of each amendment(s) adoption: 12/1/06

Effective date if applicable: _____
(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.

Signature _____

(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)

Jeffrey A. Zipper, M.D.

(Typed or printed name of person signing)

President _____

(Title of person signing)

FILING FEE: \$35