

CFRA, LLC
REGISTERED AGENT SERVICES
A SUBSIDIARY OF CARLTON FIELDS

100 S. Ashley Drive
Suite 400
Tampa, Florida 33602

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

July 20, 2011

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

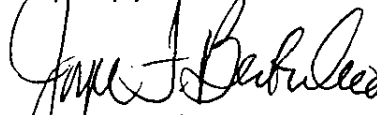
Re: C&S BILLING, INC.
DPMG, INC.
DOCTOR'S PAIN MANAGEMENT GROUP, INC.
DOCTOR'S PAIN MANAGEMENT GROUP OF BRANDON, INC.

Gentlemen:

Please find enclosed Statement of Change Forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 508474 totaling \$140.00 for the filing fees for these entities.

RECEIVED
11 JUL 22 AM 9: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Very truly yours,



Joyce F. Bentubo
Secretary

JFB/kmt
Enclosures

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Doctor's Pain Management Group of Brandon, Inc.
2. The principal office address: 687 W Lumsden Rd, Brandon, FL 33511
3. The mailing address (if different): 8939 N. Dale Mabry Hwy, Tampa, FL 33614
4. Date of incorporation/qualification: 10/05/2000 Document number: F00000094290
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Fleming, Linda L Esq.

4221 W. Boy Scout Blvd. Suite 100

Tampa, FL 33607 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CFRA, LLC

100 S. Ashley Drive, Suite 400

P.O. Box NOT acceptable

Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Dawn Kelly, President
Printed or typed name and title

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 of Registered Agent

7/19/11
Date

If signing on behalf of an entity:

Joyce F. Bentubo
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
11 JUL 22 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA