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(Re	equestor's Name)	
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2009 JAN 22 PM 3: 12 SECRETARY OF STATE TALL AHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PROMO	inalement Groupa F
DOCUMENT NUMBER: POZOCO	19658 INC
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Dennis R (Name of Contr	DONN COLL act Person)
Pain Manage	MENT GROUD OF
LOIOO HOILLW	00DBN0#409
HOILUUDOD F	-1000A 3302A
For further information concerning this matter, please	e call:
Denis Bonneau (Name of Contact Person)	at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section A Division of Corporations D P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorp	oration
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of	⊷ i
Hain Mamaement Group OES	Flori
(Name of Corporation as currently filed with the Florida Dept. of State)	TIN
P0200009U558	11
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation following amendment(s) to its Articles of Incorporation:	adepts the
A. If amending name, enter the new name of the corporation:	2 2
NA	3: 12
The new name must be distinguishable and contain the word "corporation," "company," "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, "Co". A professional corporation name must contain the word "chartered," "professi association," or the abbreviation "P.A."	" (Q)
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	of the
Name of New Registered Agent:	
NA	
New Registered Office Address: (Florida street address)	
, Florida, City) · · · (Zip Coa	(a)
	<i>=</i> /
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligat position.	ons of the
NA	
Signature of New Registered Agent, if changing	

🗸 <u>ren</u>	noved and t	ne Officers and title, name, and mal sheets, if ne	l address of eac	enter the t ch Officer	itle and name and/or Directo	of each officer/dip or being added:	<u>recto</u>	<u>r being</u>
Tic Of	<u>e</u> FICER	Name Ange	ekne D	bzier	Address 7508/ Rembiok Floris	111) 17 OR 1 Pines DA 33024	,	oe of Action Add Remove
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F.	provisions		ing the amend			ancellation of iss the amendment i		
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Th	e date of each amendment(s) adoption:
Eff	cective date if applicable: (no more than 90 days after amendment file date)
Ad	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted 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)
a	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
d	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated 1/16/09
	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)
	(Typed or printed name of person signing)
	Passident

(Title of person signing)