

P03000036463

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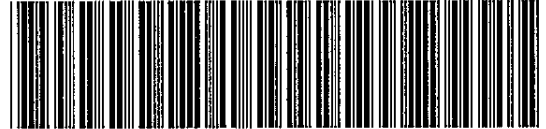
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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1-67

ORLANDO PAIN AND MEDICAL CENTER, INC.
1936 M.L. KING BLVD., TAMPA, FL 33607-Suite 101

03 January 2005

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

ATTENTION: ANNA CHESTNUT, Document Specialist

**SUBJECT : REQUEST AMENDMENT OF ARTICLE I-
NAME OF THE CORPORATION
(Document #P03000036463)**

Madam:

We would like to amend ARTICLE I, previously filed in the Division of Corporations, adding the word "OF TAMPA" per approved Board Resolution No. 010-A (on file) dated 23 December 2004, as follows:

NAME OF THE CORPORATION: (As read in Article I)

ORLANDO PAIN AND MEDICAL CENTER, INC.

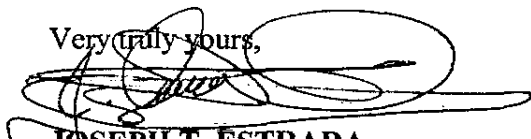
NEW NAME OF THE CORPORATION (As amended Article I)

"ORLANDO PAIN AND MEDICAL CENTER OF TAMPA, INC."

Enclosed please find check payment in the amount of \$43.75 covering filing fee and Certificate of Status. As usual additional copy of amendment is hereby attached for the **certified copy requested.**

Thank you for your prompt action.

Very truly yours,


JOSEPH T. ESTRADA
President/Owner

With Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ORLANDO PAIN AND MEDICAL CENTER, INC.

DOCUMENT NUMBER: P03000036463

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

Please return all correspondence concerning this matter to the following:

JOSEPH T. ESTRADA
(Name of Contact Person)

ORLANDO PAIN AND MEDICAL CENTER, INC.
(Firm/ Company)

1936 N.L. King Blvd, Jr.
(Address)

TAMPA, FL 33607
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

EMIDIO J. GERMINO at (813) 907-0239/(813) 727-2143
(Name of Contact Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

ORLANDO PAIN AND MEDICAL CENTER, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

P03000036463
(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 AND MEDICAL CENTER OF TAMPA, 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)**

AMEND ARTICLE I- The name of the Corporation-
ORLANDO PAIN AND MEDICAL CENTER, INC.

AMEND TO READ:
"ORLANDO PAIN AND MEDICAL CENTER OF TAMPA, INC"

(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)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 03 January 2005

Effective date if applicable: 03 January 2005
(no more than 90 days after amendment file date)

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

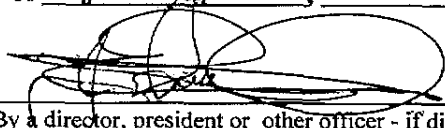
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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 3rd day of January, 2005.

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)

JOSEPH T. ESTRADA

(Typed or printed name of person signing)

President/Owner

(Title of person signing)

FILING FEE: \$35