

PD30000053559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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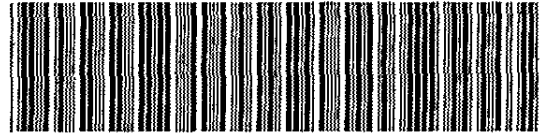
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

Amend  
MAD 6/8

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PAIN AND HEALTH RESTORATION CENTER INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000053559

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paola Canizalez  
(Name of Person)

PAIN AND HEALTH RESTORATION CENTER INC.  
(Name of Firm/Company)

7825 N. DALE MABRY HWY #103  
(Address)

TAMPA, FL 33614  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paola Canizalez at ( 813 ) 849-2487  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 24, 2004

PAOLA CANIZALEZ  
PAIN AND HEALTH RESTORATION CENTER, INC.  
7825 N. DALE MABRY HWY., #103  
TAMPA, FL 33614

SUBJECT: PAIN AND HEALTH RESTORATION CENTER, INC.  
Ref. Number: P03000053559

We have received your document for PAIN AND HEALTH RESTORATION CENTER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THERE IS NO PROVISION IN THE FLORIDA STATUTES TO FILE ARTICLES OF CORRECTIONS FOR AN ANNUAL REPORT. YOU MAY FILE AN AMENDED ANNUAL REPORT (\$61.25) OR ARTICLES OF AMENDMENT (\$35.00) TO MAKE CORRECTIONS.

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) 245-6882.

Maryanne Dickey  
Document Specialist

Letter Number: 004A00036345

**JOHN T. WEAVER, CPA, P.A.**

***Certified Public Accountant***

***3601 SWANN AVE, STE 207***

***TAMPA, FLORIDA 33609***

***Telephone: 813-870-0084 \*\*\* Cell Phone 813-486-2565 \*\*\* Fax 813-350-0288***

June 4, 2004

Maryanne Dickey  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

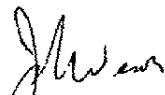
RE: Articles of Amendment  
Pain and Health Restoration Center, Inc.  
Document Number: P03000053559

Dear Maryanne:

Thank you for answering my questions today about the letter you sent. (copy enclosed). Please accept the Enclosed Articles of Amendment to change the name of the President.

Thank you for your assistance in this matter. I appreciate the good job you do. If you need additional information or I can answer any questions for you, please call me at 813-870-0084.

Sincerely,



John T. Weaver  
Certified Public Accountant

Articles of Amendment  
to  
Articles of Incorporation  
of

PAIN AND HEALTH RETORATION CENTER, INC.

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

P03000053559

(Document number of corporation (if known))

FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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):**

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

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

The President of the Corporation is as follows:

Paola R. Canizalez

7825 N. Dale Mabry Hwy, Ste 103

Tampa, FL 33614

(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)

(continued)

The date of each amendment(s) adoption: April 29, 2004

Effective date if applicable: April 29, 2004  
(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 June 2004

Signature

Paola R Canizalez  
(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)

PAOLA R. CANIZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**