

P03000053559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

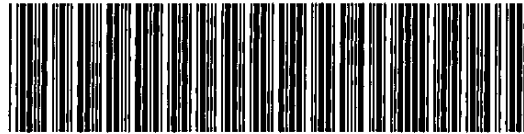
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Amend
News*

02/23/07--01001--002 **35.00

FILED
2001 FEB 23 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

John T. Weaver, CPA, PA
Certified Public Accountant
3601 Swann Ave., Suite 207
Tampa, FL 33609
Telephone: 813-870-0084*Fax: 813-350-0288**

February 15, 2007

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

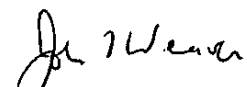
RE: Articles of Amendment
Pain and Health Restoration Center, Inc.
Documents Number: P03000053559

Dear Sir or Madam:

Please accept the Enclosed Articles of Amendment to change the name of the Registered Agent and President on the Document Number P03000053559. We listed Elvia R. Williams as the Registered Agent and President in error. Please delete her name.

Enclosed please find a money order in the amount of \$ 35.00 for the filling fee. 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, C.P.A., P.A.
Certified Public Accountant

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PAIN AND HEALTH RESTORATION CENTER, INC.

DOCUMENT NUMBER: P03000053559

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

Please return all correspondence concerning this matter to the following:

Milton Canizalez

(Name of Contact Person)

PAIN AND HEALTH RESTORATION CENTER, INC.

(Firm/ Company)

2575 HARN BOULEVARD SUITE B

(Address)

CLEARWATER, FL 33764

(City/ State and Zip Code)

For further information concerning this matter, please call:

JOHN T. WEAVER, CPA

(Name of Contact Person)

at (813) 870-0084

(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

Articles of Amendment
to
Articles of Incorporation
of

PAIN AND HEALTH RESTORATION CENTER, INC.

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

P03000053559

(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):

(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)**

THE PRESIDENT OF THE CORPORATION IS AS FOLLOWS:

MILTON CANIZALEZ

/ Registered Agent

2575 HARN BLVD. STE B

CAWATER, FL 33764

(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: JANUARY 23, 2007

Effective date if applicable: JANUARY 23, 2007
(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 M. Canizales
(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)

MILTON CANIZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35