

Pa3000074472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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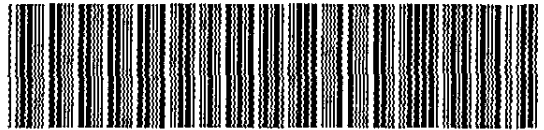
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JUL 25 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

LAW OFFICES
JAMES A. BOND, P.A.
ATTORNEY AT LAW

July 23, 2003

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Prima Vista Pain Relief Center, Inc. n/k/a Coast Pain Relief Center, Inc.
Amendment to Articles of Incorporation

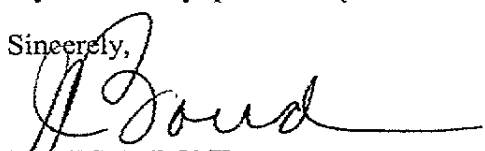
Dear Sir:

Enclosed herewith please find the original and three (3) copies of the Articles of Amendment to Articles of Incorporation for the above named corporation, together with my check in the amount of \$35.00.

I have enclosed a self-addressed, stamped envelope for your convenience in returning copy to me.

If you have any questions, please do not hesitate to contact my office.

Sincerely,



JAMES A. BOND

JAB/jo

/enclosures

ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION FOR
PRIMA VISTA PAIN RELIEF CENTER, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- A. The name of the Corporation is now Prima Vista Pain Relief Center, Inc.
- B. The Article of Incorporation is amended to show a change in the name of the Corporation to:

COAST PAIN RELIEF CENTER, INC.
- C. This amendment does not provide for an exchange, reclassification, or cancellation of issued shares of the Corporation.
- D. The date of change in the name of this Corporation shall be effective on the date of filing and registration of these Articles of Amendment.
- E. This amendment is adopted with the consent of the sole director, sole shareholder and sole officer of the Corporation who's signature appears below.
- F. All other aspects and conditions of incorporation remain unchanged and in full force and effect.

DONE this 21 day of July, 2003 at Palm City, Martin County, Florida.



JAMES FAULHABER
Sole Shareholder, Director and Officer

STATE OF FLORIDA
COUNTY OF MARTIN.

I HEREBY CERTIFY THAT JAMES FAULHABER appeared before me and who is personally known to me to be the same person whose name is signed to the foregoing instrument, or, who has produced Personally Known as identification, and who, under oath, acknowledged that he signed the instrument as his free and voluntary act(s) for the uses and purposes therein set forth.

GIVEN under my hand and official seal this 21 day of July, 2003.



James A. Bond
MY COMMISSION # DD098954 EXPIRES
April 30, 2006
BONDED THRU TROY FAIN INSURANCE, INC.



JAMES A. BOND
NOTARY PUBLIC

My Commission Expires: