

JAN-04-05 TUE 05:56 PM

PA 2
704000068794

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000000681 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
05 JAN -4 PM 4:51
DIVISION OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 JAN -4 PM 4:37

DIVISION OF CORPORATIONS

BASIC AMENDMENT

RELIEF-PAIN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

JAN-04-05 TUE 05:56 PM
000-200-0361

FAX:
1/3/2005 3:52 PAGE 001/001 Florida Dept of State

PAGE 1



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 3, 2005

RELIEF-PAIN, INC.
607 W MARTIN LUTHER KING BLVD
TAMPA, FL 33607

SUBJECT: RELIEF-PAIN, INC.
REF: P04000068794

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

The date of the amendment's adoption must be on or before the date of signing.

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) 245-6957.

Pamela Smith
Document Specialist

FAX Aud. #: H05000000681
Letter Number: 605A00000150

JAN-04-05 TUE 05:56 PM

FAX:

PAGE 3

H 05 000 000 68 1

FILED

05 JAN -4 PM 4:51

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

Belief - Pain, Inc.

(PRESENT NAME)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Directors shall now read as follows:

Delete Dr. ROBERT CASANAS
Add Dr. ANGEL M. CARRASCO

New Registered Agent

Dr. ANGEL M. CARRASCO
4107-A N. Armenia Ave.
Tampa, FL 33607

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

H 05 000 000 68 1

H 05 000 00 0681

THIRD: The date of each amendment's adoption: 01/03/05

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately for each voting group entitled to vote separately on each 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 03 day of JANUARY, 20 05.

Signature

(By the Chairman or Vice Chairman of the directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

ANGEL M. CARRASCO, MD.

Typed or printed name

Doctor / president

Title

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

(Signature)
Registered Agent Signature

H 05 000 00 0004