

PO4000152491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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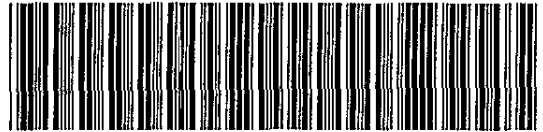
(Business Entity Name)

(Document Number)

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*Amend*

11/24/04--01027--009 \*\*43.75

FILED  
04 NOV 24 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ASP  
12/6/04*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NEW HORIZON PAIN MANAGEMENT MEDICAL CENTER, INC.

**DOCUMENT NUMBER:** P04000152497

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

Please return all correspondence concerning this matter to the following:

MOGIN ANTOINE

(Name of Contact Person)

NEW HORIZON PAIN MANAGEMENT MEDICAL CENTER, INC.

(Firm/ Company)

4997 SW 162 AVE

(Address)

MIRAMAR, FL 33027

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

MOGIN ANTOINE

(Name of Contact Person)

at ( 786 ) 252-2440

(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

NEW HORIZON PAIN MANAGEMENT MEDICAL CENTER, INC.

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

P04000152497

(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)**

ARTICLE VII - Amending and Adding the following officers' titles:

AMENDING Mogin Antoine, M.D.: remove title of Director and change to PRESIDENT

ADDING Nancy M. Antoine: title will be DIRECTOR

(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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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 11/20/04

Effective date if applicable: 11/20/04  
(no more than 90 days after amendment file date)

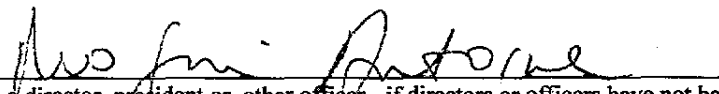
**Adoption of Amendment(s) (CHECK ONE)**

- ☐ 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 20th day of November, 2004

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)

MOGIN ANTOINE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**