

FROM : LAZARUS

Division of Corporations

P07000022919
2ND REQUEST

Florida Department of State
Division of Corporations
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(((H07000103426 3)))



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PAIN RELIEF MEDICAL CENTER, INC.

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2ND REQUEST

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FROM : LAZARUS
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FAX NO. : 3052201440
4/19/2007 10:08 PAGE 001/001

Apr. 20 2007 11:13AM P2/S
Florida Dept of State



April 19, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PAIN RELIEF MEDICAL CENTER, INC.
340 NW 78T
10
MIAMI, FL 33126

SUBJECT: PAIN RELIEF MEDICAL CENTER, INC.
REF: P07000022919

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

The document must contain written acceptance by the registered agent, i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"; and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 243-6907.

Shirley Ramsey
Document Specialist

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FROM : LAZARUS

FAX NO. : 3052201440

Apr. 20 2007 11:13AM P3/5

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H 0 7 0 0 0 1 0 3 4 2 6

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ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAIN RELIEF MEDICAL CENTER, Inc.

PO7000032919

(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:

LEONEL B. GARRIDO AS PRESIDENT

ADD Tom LEONARD

5040 NW 7th Suite 410

Miami FL 33126

New Registered Agent

Tom Leonard

5040 NW 7th # 410

MIAMI, FL 33126

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 0 7 0 0 0 1 0 3 4 2 6

H 0 7 0 0 0 1 0 3 4 2 6

THIRD: The date of each amendment's adoption: 4-18-07

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 18 day of 4, 20 07.(Signature [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)

LEONEL B. GARRID

Typed or printed name

President

Title

H 0 7 0 0 0 1 0 3 4 2 6

FROM : LAZARUS

FAX NO. : 3052201440

Apr. 20 2007 11:14AM P5/5

FROM : ADNY MEDICAL CENTER, INC.

FAX NO. : 3052633343

Apr. 20 2007 11:26AM P1

FROM : LAZARUS

FAX NO. : 3052201440

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

Tom Leonard

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