

P 07000088695

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : PAVESE LAW FIRM  
Account Number : I20130000057  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: dm@pavese-law.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
BACK PAIN INSTITUTE OF FT. MYERS, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$43.75 |

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*Amend*

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Back Pain Institute of Fort Myers, Inc.

DOCUMENT NUMBER: P07000088695

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

Please return all correspondence concerning this matter to the following:

Alison C. Hussey, Esquire  
Name of Contact Person

Pavese Law Firm  
Firm/ Company

4632 Vincennes Boulevard, Suite 101  
Address

Cape Coral, Florida 33904  
City/ State and Zip Code

alisonhussey@paveselaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alison C. Hussey, Esquire at ( 239 ) 542-3138 542-3148  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$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

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Articles of Amendment  
to  
Articles of Incorporation  
of

Back Pain Institute of Fort Myers, Inc.

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

P07000088695

(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:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Barbara J. Wootton  
12631 World Plaza Lane, Building 54  
(Florida street address)

New Registered Office Address: Fort Myers, Florida 33907  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Barbara J. Wootton  
Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. There should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change            PT     John Doe

Remove            V       Mike Jones

Add                 SV      Sally Smith

| Type of Action<br>(Check One)                 | Title      | Name                      | Address                                 |
|---|------------|---------------------------|---|
| 1) <input type="checkbox"/> Change            | <u>P</u>   | <u>James R. Wootton</u>   | <u>12631 World Plaza Lane, Bldg. 54</u> |
| <input type="checkbox"/> Add                  |            |                           | <u>Fort Myers, FL 33907</u>             |
| <input checked="" type="checkbox"/> Remove    |            |                           |   |
| 2) <input checked="" type="checkbox"/> Change | <u>VP</u>  | <u>Barbara J. Wootton</u> | <u>12631 World Plaza Lane, Bldg. 54</u> |
| <input type="checkbox"/> Add                  |            |                           | <u>Fort Myers, FL 33907</u>             |
| <input type="checkbox"/> Remove               |            |                           |   |
| 3) <input type="checkbox"/> Change            | <u>P/S</u> | <u>Barbara J. Wootton</u> | <u>12631 World Plaza Lane, Bldg. 54</u> |
| <input checked="" type="checkbox"/> Add       |            |                           | <u>Fort Myers, FL 33907</u>             |
| <input type="checkbox"/> Remove               |            |                           |   |
| 4) <input type="checkbox"/> Change            |            |                           |   |
| <input type="checkbox"/> Add                  |            |                           |   |
| <input type="checkbox"/> Remove               |            |                           |   |
| 5) <input type="checkbox"/> Change            |            |                           |   |
| <input type="checkbox"/> Add                  |            |                           |   |
| <input type="checkbox"/> Remove               |            |                           |   |
| 6) <input type="checkbox"/> Change            |            |                           |   |
| <input type="checkbox"/> Add                  |            |                           |   |
| <input type="checkbox"/> Remove               |            |                           |   |



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No. 0109 P. 6  
H16000266.133

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 08/09/16  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted 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.

Dated 10/26/16

Signature Barbara J. Wootton  
(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)

Barbara J. Wootton  
\_\_\_\_\_  
(Typed or printed name of person signing)

President/Secretary  
\_\_\_\_\_  
(Title of person signing)