

PO7000097418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

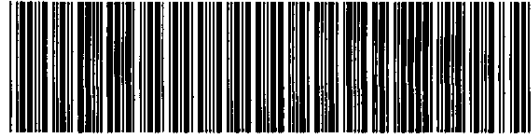
(Document Number)

Certified Copies _____

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09/13/10--01012--016 **52.50

FILED
10 SEP 23 AM 10:57

Amend.

09-24-10
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2010

ROSS FIRTELL, SQ.
ROSS FIRTELL, P.A.
6100 GLADES ROAD #201
BOCA RATON, FL 33434

SUBJECT: QUALITY PAIN MANAGEMENT, INC.
Ref. Number: P07000097418

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 510A00022013

RECEIVED
10 SEP 23 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: QUALITY PAIN MANAGEMENT, INC.

DOCUMENT NUMBER: P07000097418

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

Please return all correspondence concerning this matter to the following:

ROSS FIRTELL, SQ.

Name of Contact Person

ROSS FIRTELL, P.A.

Firm/ Company

6100 GLADES ROAD #201

Address

BOCA RATON, FL 33434

City/ State and Zip Code

baj0225@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSS FIRTELL, ESQ.

Name of Contact Person

at (561)

271.8700

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

Articles of Amendment
to
Articles of Incorporation
of

QUALITY PAIN MANAGEMENT, INC.

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

P07000097418

(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:

DR. JAMES PETILLO

New Registered Office Address:

4522 INVERRARY BLVD.

(Florida street address)

LAUDERHILL

(City)

, Florida 33319

(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.

Dr James Petillo

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
d;pres	ANDREA LAMKIN	4522 INVERRARY BLVD. LAUDERHILL FL 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
d; pres	DR. JAMES PETILLO	4522 INVERRARY BLVD. LAUDERHILL FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
T;S	ANDREA LAMKIN	4522 INVERRARY BLVD. LAUDERHILL FL 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. 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:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 09/01/10

(date of adoption is required)

Effective date if applicable:

(no more than 90 days after amendment file date)

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):*

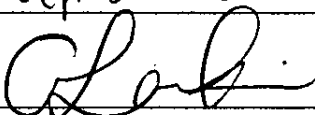

"The number of votes cast for the amendment(s) was/were sufficient for approval

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 Sept 3-2016

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)

ANDREA LAMKIN; DR. JAMES PETILLO

(Typed or printed name of person signing)

A Lamkin (Outgoing Pres.);DR. Petillo (Incoming Pres.)

(Title of person signing)