

PO 7000128210

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11 MAY 23 PM 12:17

APR 25 2011  
AM 11:45  
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5/24/11  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LORENZO PAIN MANAGEMENT CORP

**DOCUMENT NUMBER:** P07000128210

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

Please return all correspondence concerning this matter to the following:

EDUARDO LORENZO

Name of Contact Person

LORENZO PAIN MANAGEMENT CORP

Firm/ Company

4779 COLLINS AVE APT 1207

Address

MIAMI BEACH, FLORIDA 33140

City/ State and Zip Code

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

For further information concerning this matter, please call:

EDUARDO LORENZO

Name of Contact Person

at ( 305 )

586 3312

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2011

EDUARDO LORENZO  
4779 COLLINS AVE APT 1207  
MIAMI BEACH, FL 33140

SUBJECT: LORENZO PAIN MANAGEMENT CORP  
Ref. Number: P07000128210

We have received your document for LORENZO PAIN MANAGEMENT CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The date of adoption of each amendment must be included in the document.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 911A00011393

11 MAY 23 AM 10: 47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

LORENZO PAIN MANAGEMENT CORP

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

P07000128210

(Document Number of Corporation (if known))

11 MAY 23 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

4779 COLLINS AVE APT 1207  
MIAMI BEACH, FLORIDA  
33140

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

4779 COLLINS AVE APT 1207  
MIAMI BEACH, FLORIDA  
33140

**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:**

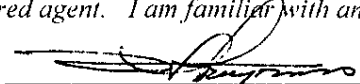
Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
(Florida street address)

\_\_\_\_\_, Florida  
(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.*

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: 5/18/11  
*(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):*

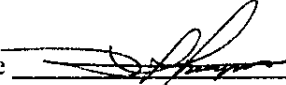
“The number of votes cast for the amendment(s) was/were sufficient for approval

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 5/18/11

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)*

Eduardo Lorenzo  
*(Typed or printed name of person signing)*

President  
*(Title of person signing)*