

P08000003120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

James B. Lynn
advised to Add
Name Change to
the Document.

Office Use Only



900116308959

01/30/08--01019--021 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 30 PM 2:24

Art Correction
Name chg
(1a) 2/1/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JUPITER PAIN CLINIC, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P08000003120

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James B. Lyon, Esq.

(Name of Contact Person)

James B. Lyon, P.A.

(Firm/Company)

3300 University Drive, Suite 802

(Address)

Coral Springs, Florida 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

James B. Lyon, Esq.

(Name of Contact Person)

at (954) 752-3400

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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 CORRECTION

for

JUPITER PAIN CLINIC, CORP.

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

P08000003120

Document Number (if known)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 30 PM 2:24

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on JANUARY 9, 2008

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Principal Address: 1515 E. Commercial Blvd., Ft. Lauderdale, FL 33334

Mailing Address: 1515 E. Commercial Blvd., Ft. Lauderdale, FL 33334

Officer: P/ Helfeld, Charles D., 1515 E. Commercial Blvd., Ft. Lauderdale, FL 33334

Officer: S/T/ Marlin, Kevin, 1515 E. Commercial Blvd., Ft. Lauderdale, FL 33334

Name: Jupiter Pain Clinic, Corp.

Correct the inaccuracy, incorrect statement, or defect:

Principal Address: 6725 West Indiantown Road, Suite 39, Jupiter, FL 33458

Mailing Address: 6725 West Indiantown Road, Suite 39, Jupiter, FL 33458

Officer: P/ Helfeld, Charles D., 6725 West Indiantown Road, Suite 39, Jupiter, FL 33458

Officer: S/T/ Marlin, Kevin, 6725 West Indiantown Road, Suite 39, Jupiter, FL 33458

New Name: North Palm Beach Pain Management, Inc.

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Charles D. Helfeld

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00