

P08000051937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

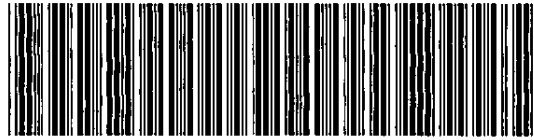
(Document Number)

Certified Copies _____

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APPROVED
AND
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09 NOV -2 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6019/11
Jmep

GENE S. ROSEN
ATTORNEY AT LAW
SUITE 305
1550 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FLORIDA 33179

TELEPHONE (305) 949-2113
FAX (305) 949-7257
GENESROSEN@AOL.COM

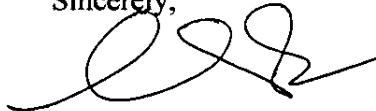
October 30, 2009.

Amendment Section
Division of Corporations
P.O Box 6327,
Tallahassee, FL. 32314.

Gentlemen:

Enclosed are Articles of Amendment for all Pain Management Urgent Care, Inc., along with \$35 filing fee. Please return confirmation to me. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be 'GSR', with a long horizontal line extending to the right.

Gene S. Rosen

GSR/ocjb

Articles of Amendment
to
Articles of Incorporation
of

ALL PAIN MANAGEMENT URGENT CARE INC

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

P 08000051937

(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**)

SUITE 305

1550 N.E. MIAMI GARDENS DRIVE

MIAMI, FLORIDA 33179

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

SUITE 305

1550 N.E. MIAMI GARDENS DRIVE

MIAMI, FLORIDA 33179

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:

GENE S. ROSEN ATTORNEY

New Registered Office Address:

SUITE 305, 1550 N.E. MIAMI GARDENS DRIVE
(Florida street address)

MIAMI, Florida 33179
(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

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDENT			
DIRECTOR	MALTE DEL REY	SUITE 305 1550 N.E. MIAMI GARDENS DRIVE MIAMI, FLORIDA 33179	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VICE PRESIDENT			
DIRECTOR	JOEL E. ORTEGA	SUITE 305 1550 N.E. MIAMI GARDENS DRIVE MIAMI, FLORIDA 33179	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VICE PRESIDENT			
DIRECTOR	DENNIS H. BONNEAU	1208 NW 144 TERRACE PENSACOLA RIVERS FLORIDA 33022	<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)

D. Additional Sheet

Title	Name	Address	Type of Action
Director	Voltaire Gaspar	475 Brickell Avenue, Apt.5115 Miami, FL. 33131.	Remove
Director	Antonio Primo	475 Brickell Avenue, Apt.5115 Miami, FL. 33131.	Remove

The date of each amendment(s) adoption: OCTOBER 23, 2009
(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 OCTOBER 30, 2009

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)

MATE DEL REY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)