

PO8000074407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

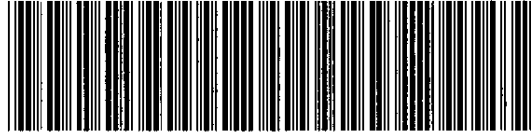
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TALLAHASSEE, FLORIDA

Amend
Tlew
7-14-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Neurosurgery and Pain Management Clinic of Florida, Inc.

DOCUMENT NUMBER: P08000074407

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

Please return all correspondence concerning this matter to the following:

Michael Bogdan
Name of Contact Person

Neurosurgery & Pain Mgmt Clinic of FL
Firm/ Company

2151 E Commercial Blvd
Address

Fort Lauderdale FL 33308
City/ State and Zip Code

MBogdan34@aim.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bogdan at (954) 493-8875
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:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
2009 JUN 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2009

MICHAEL BOGDEN
NEUROSURGERY AND PAIN MANAGEMENT CLINIC
2151 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33308

SUBJECT: NEUROSURGERY AND PAIN MANAGEMENT CLINIC OF
FLORIDA, INC.
Ref. Number: P08000074407

We have received your document for NEUROSURGERY AND PAIN
MANAGEMENT CLINIC OF FLORIDA, INC., however, upon receipt of your
document no check was enclosed. Please return your **document** along with a
check or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing
or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 209A00022434

RECEIVED
2009 JUL 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Neurosurgery and Pain Management Clinic of Florida, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P08000074407

(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:

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

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TALLAHASSEE, FLORIDA

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>
Pres.	Michael Bogdan	2151 E Commercial Blvd Fort Lauderdale FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Christopher Pham		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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: 6/25/09

Effective date if applicable: 6/25/09
(date of adoption is required)
(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 6/25/09

Signature M. Bogdan
(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)

Michael Bogdan
(Typed or printed name of person signing)

Pres.
(Title of person signing)