

P09000006693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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09/18/09--01008--019 **35.00

FILED

09 OCT -9 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date:
10/13/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pain Management Incorporated

DOCUMENT NUMBER: PO900000 6693

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

Please return all correspondence concerning this matter to the following:

Steven Edson
Name of Contact Person

Firm/ Company

553 E. Sample Rd
Address

Pompano Beach Fl. 33064
City/ State and Zip Code

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

For further information concerning this matter, please call:

Steven Edson at (954) 661-8602
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2009

STEVEN EDSON
553 E SAMPLE RD
POMPANO BEACH, FL 33065

SUBJECT: PAIN MANAGEMENT INCORPORATED
Ref. Number: P09000006693

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

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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: 609A00031674

2009 OCT 1 9 AM 8:00
TALLAHASSEE
STATE OF FLORIDA
SECRETARY OF STATE

Articles of Amendment
to
Articles of Incorporation
of

Pain Management Incorporated

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

PO900000 6693

(Document Number of Corporation (if known))

FILED
09 OCT -9 PM 2:29
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:

Pompano Beach Medical Corp.

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(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.

N/A

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>
<u>Owner</u>	<u>Edson, Steven A. Dr</u>	<u>553 E Sample</u> <u>Pompano Beach Fl.</u> <u>33064</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CO-owner</u>	<u>Balbi, Bruno</u>	<u>553 E. Sample</u> <u>Pompano Beach Fl</u> <u>33064</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Edson, Steven A Dr.</u>	<u>3927 NW 89th AV</u> <u>Coral Springs Fl</u> <u>33065</u>	<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)

N/A

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)

N/A

The date of each amendment(s) adoption: 9-30-09
(date of adoption is required)
Effective date if applicable: 10-31-09
(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 10-2-09

Signature Steven A. Edson
(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)

Steven A. Edson
(Typed or printed name of person signing)

Owner - director
(Title of person signing)