

P09000025097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

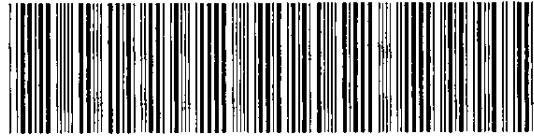
(Business Entity Name)

(Document Number)

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*Amend*

11/09/10--01001--012 \*\*35.00

RECEIVED  
10 NOV - 8 PM 3:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2010 NOV - 8 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*11/8/10*

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 11-08-2010**

**NAME: RELIABLE PAIN MANAGEMENT HOLLYWOOD INC**

**TYPE OF FILING: AMENDMENT**

**COST: MONEY ORDER FOR \$35 ATTACHED**

**RETURN:**

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~~ACCOUNT: FCA000000013~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**FILED**

**NAME OF CORPORATION:** Reliable Pain Management -Hollywood, Inc. 2010 NOV -8 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT NUMBER:** P09000025097

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

Please return all correspondence concerning this matter to the following:

Glenn Gronlund

Name of Contact Person

Firm/ Company

1750 149th St. Unit 7

Address

North Miami, FL 33161

City/ State and Zip Code

ggronlund@gmail.com

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

For further information concerning this matter, please call:

Glenn Gronlund

Name of Contact Person

at ( 305 ) 731-4064

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Reliable Pain Management - Hollywood, Inc.

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

2010 NOV -8 PM 4:21

P09000025097

(Document Number of Corporation (if known))

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)

**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: Robert Earl Wndsor, JR.

6495 Taft Street

New Registered Office Address: (Florida street address)

Hollywood, Florida 33024  
(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

**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>Dir.</u>	<u>Robert Earl Windsor, Jr.</u>	<u>6495 Taft Street</u> <u>Hollywood, FL 33024</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Dir.</u>	<u>Martin I. Bertman</u>	<u>6495 Taft Street</u> <u>Hollywood, FL 33024</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Sec.</u>	<u>Kimberly Dawson</u>	<u>6495 Taft Street</u> <u>Hollywood, FL 33024</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)*

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**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)*

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The date of each amendment(s) adoption: September 27, 2010

Effective date if applicable: September 27, 2010  
(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

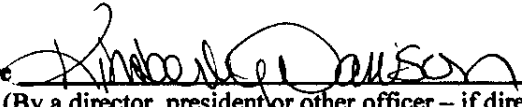
by \_\_\_\_\_."  
(voting group)

☒ 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 September 27, 2010

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)

Kimberly Dawson

(Typed or printed name of person signing)

Secretary

(Title of person signing)