(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700215668427

arneral

01/04/12--01001--007 \*\*35.00

12 JAN -3 PM 4: 09

2011 JAN -3 TH 4: 19

13R12.

## 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

DATE:

01-03-2012

NAME:

RELIABLE PAIN MANAGEMENT-HOLLYWOOD, INC

TYPE OF FILING: ARTICLES OF AMENDMENT

COST:

**CK FOR \$35 ATTACHED** 

RETURN: PLAIN COPY

ACCOUNT: FCA000000013

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Reliable Pai	n Management - H	Hollywood, Inc.
DOCUMENT NUMB	BER: P09000025	097	
I ne enclosed Arneles	of Amendment and fee are su	omitted for filling.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Glenn Gronlun	d	
		Name of Contact Person	
		Firm/ Company	
	1750 NE 149th	St Unit 7	
		Address	
	North Miami, F	L 33181	
		City/ State and Zip Code	
	E-mail address: (to be us	sed for future annual report i	notification)
	•		,
For further information	concerning this matter, pleas	e call:	
Glenn Gror	ulund	305	731-4064
	of Contact Person	at (OOO	731-4064  Le & Daytime Telephone Number
			•
Enclosed is a check for	the following amount made p	payable to the Florida Depar	tment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional Co	□\$52.50 Filing Fee Certificate of Status Certified Copy
	······································	(	is enclosed)
Mail	ing Address	Street A	ddrass
Amendment Section		Street Address Amendment Section	
Division of Corporations		Division	of Corporations
	Box 6327	Clifton Building	
Tallahassee, FL 32314		2661 Ex	ecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



Reliable Pain Management - Hollywood, Inc. 19 PM 4: 19 (Name of Corporation as currently filed with the Florida Dept. of State) P09000025097 (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: 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 (Florida street address) New Registered Office Address: Florida (City) 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.

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change	PT	John Doe	
_			
X Remove	Y	Mike Jones	
_X Add	ŞY	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add X Remove	MD	Jacalyn Ann Danton	6495 Taft Street Hollywood, FL 33024
2) Change Add Remove	<u>DIR</u>	Susan Janet Hall	6495 Taft Street Hollywood, FL 33024
3 ) Change Add Remove			- -
4) Change Add Remove			
5) Change Add Remove	<del></del>	-	
6) Change Add Remove		-	

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	·
if an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:

The date of each amendment(s) adoption: December 1, 2011		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
, , , , , , , , , , , , , , , , , , ,	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
<sub>Dated</sub> Decen	nber 29, 2011	
Signature	enoth Riner Falls	
	rector, president or other officer - if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
1	Kenneth Rivera-Kolb	
(Typed or printed name of person signing)		
Director & Shareholder		
	(Title of person signing)	