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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:
          Division of Corporations
          Fax Number      : (850)617-6380

From:
          Account Name    : NATIONS BUSINESS CENTER, INC.
          Account Number  : I20000000238
          Phone           : (305)591-9448
          Fax Number      : (954)753-3447
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ADVANCED INTERVENTIONAL PAIN MANAGEMENT AND RESEARCH

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$43.75

RECEIVED 15 MAY -7 PM 12: 16

15 MAY -7 AM 9: 28

Articles of Amendment
to
Articles of Incorporation
of

Advanced Interventional Pain Management and Research, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

_P09000025127_
(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:

AMPM Research Clinic, Inc., _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 _____

_____
(Florida street address)

New Registered Office 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

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	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☐ Remove	___	_____	_____
2) ☐ Change ☐ Add ☐ Remove	___	_____	_____
3) ☐ Change ☐ Add ☐ Remove	___	_____	_____
4) ☐ Change ☐ Add ☐ Remove	___	_____	_____
5) ☐ Change ☐ Add ☐ Remove	___	_____	_____
6) ☐ Change ☐ Add ☐ 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)

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: ___*HAY 1ST, 2015*___ , if other than the
date this document was signed.

15 MAY -7 AM 9: 28

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 ___05-01-2015___

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)

          _____*Laura Quellen*_____
          (Typed or printed name of person signing)

          _____*VP*_____
          (Title of person signing)