

P09000031977

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(City/State/Zip/Phone #)

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2009 JUL 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

JUL 23 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIDTOWN PAIN MANAGEMENT, INC.

DOCUMENT NUMBER: P09000031977

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

Please return all correspondence concerning this matter to the following:

JOSETTE AFIF

Name of Contact Person

MIDTOWN PAIN MANAGEMENT, INC.

Firm/ Company

2001 Biscayne Blvd., Suite 2507

Address

MIAMI BEACH, FLORIDA 33137

City/ State and Zip Code

Josetteafif@hotmail.com

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

For further information concerning this matter, please call:

JOSETTE AFIF

Name of Contact Person

at (305) 968-4295

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

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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>
CFO	PETER BIVONA	1242 Drexel Avenue Miami Beach, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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: July 20, 2009
(date of adoption is required)

Effective date if applicable: _____
(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

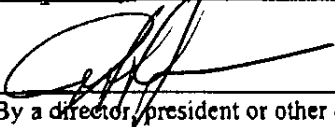
by _____."
(voting group)

☐ 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 July 20, 2009

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)

JEFFREY M. LIPMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SHARE SUBSCRIPTION

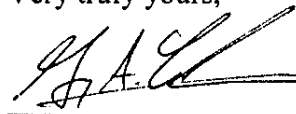
July 16, 2009

To the President of
Midtown Pain Management Inc

I, the undersigned, hereby subscribe for common shares of the Corporation
in the amount and for the consideration set opposite my name:

<u>Subscriber</u>	<u>No. of Shares</u>	<u>Consideration</u>
Gregory A. Corbin	100	\$500.00

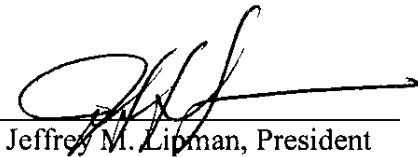
Very truly yours,



Gregory A. Corbin

ACCEPTED: As of July 16, 2009
Midtown Pain Management Inc

BY

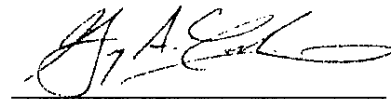

Jeffrey M. Lipman, President

MIDTOWN PAIN MANAGEMENT, INC

Consent of Sole Shareholder Without a Meeting

The undersigned, being the sole shareholder of Midtown Pain Management Inc does hereby consent pursuant to the business Corporation of the law of the State of Florida to take the following actions, without a meeting, to wit:

1. Approve the amendment to the Certificate of Incorporation of Midtown in the form annexed hereto and hereby authorizes the President to execute the amendment and file it with Florida Department of State.
2. Approve of Josette Afif as the new resident agent of the Corporation.
3. Direct that this consent be filed with the records of the Corporation.



Gregory A. Corbin,
Sole Shareholder

MIDTOWN PAIN MANAGEMENT INC

Consent of Sole Shareholder Without a Meeting

The undersigned, being the sole shareholder of Midtown Pain Management, Inc does hereby consent pursuant to the business Corporation of the law of the State of Florida to take the following actions, without a meeting, to wit:

1. Approve the amendment to the Certificate of Incorporation of Midtown in the form annexed hereto and hereby authorizes the President to execute the amendment and file it with Florida Department of State.
2. Elects Jeffrey M. Lipman as Director to serve until his Successor has been elected.
3. Approve of Josette Afif as the new resident agent of the Corporation.
4. Direct that this consent be filed with the records of the Corporation.



Gregory A. Corbin,
Sole Shareholder