P39 000051519

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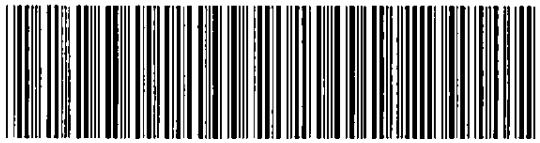

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEUROLOGY & PAIN MEDICINE, INC.
Name of Corporation

DOCUMENT NUMBER: P09000051519

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce. M. Bounds, Esq
Name of Contact Person

Bounds Law Offices
Firm/Company

2655 S. LeJeune Road, Suite 805
Address

Coral Gables, FL 33134
City/State and Zip Code

bruce@bounds.law
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bruce M Bounds or Cristy Garcia at (305) 728-1350
Name of Contact Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $35.00 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy

■ $52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

NEUROLOGY & PAIN MEDICINE, INC.

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

P09000051519

(Document Number of Known)

Pursuant to the provisions of Section 607.0124, Florida Statutes

These articles of correction correct Articles of Amendment

(Document Type Being Corrected)

filed with the Department of State on June 7, 2013

(Date Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

"ARTICLE VI The new Board of Directors and Shareholders shall be composed by TWO (2) persons, whose names

ANGEL CARRASCO, M.D. - President - 60% SHAREHOLDER

1380 N. Krome Ave. Suite 104, Florida City, Florida 33034

Maria C. Pena - Vice President - 40% SHAREHOLDER

1380 N. Krome Ave, Suite 104

Florida City, FL 33034"

Correct the inaccuracy, incorrect statement, or defect:

ArticleVI The inital Board of Directors and Shareholders shall be compose by one (1) person whose name and addre

ANGEL CARRASCO, M.D. - PRESIDENT - 100%

1380 N. Krome Ave - Suite 103

Florida City, FL 33034

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Signature of 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)

Angel Carrasco, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: $35.00