

Florida Department of State
Division of Corporations
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H10000092525 3

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Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
G. A PAIN MANAGEMENT INC.**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

RECEIVED

2010 APR 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
@ 4/21/10*

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Corporate Filing Menu

Help

4/21/2010

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Articles of Amendment
to
Articles of Incorporation
of

G. A Pain Management Inc.

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

P09000077897

(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:

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:

Ana Hernandez

New Registered Office Address:

7570 NW 14 St Ste# 114

(Florida street address)

Miami

(City)

Florida 33128

(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

Page 1 of 3

10000092525

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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>
PD	Amarilis Lastra	811 Hialeah Dr Hialeah, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	Ana Hernandez	7570 NW 14 St Suite # 114 Miami, FL 33126	<input checked="" 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)

H10000092525

H10000092525

The date of each amendment(s) adoption: 04/20/10
(date of adoption is required)
Effective date if applicable: 04/20/10
(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 04/20/10

Signature

[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)

ANA Hernandez
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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