Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: {305}634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please **

Email	Address:	_		

COR AMND/RESTATE/CORRECT OR O/D RESIGN JACKSONVILLE MEDICAL AND PAIN CENTER, INC.

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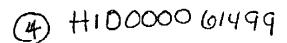
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Articles of Amendment to Articles of Incorporation of

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JACKSON VILLE	MEDICAL	AND	PAIN	CENTERS	IN
(Name of Corporation as	currently flied y	vith the F	orida Dept.	oi State)	
P 100000 222	.15				

(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 rame, enter the new name of the corporation:

esociation," or the abbreviation "P.A." Enter new principal office address, if w Principal office address MUST BE A STRI		5600	SPRI	DG PARK	_ROA
American Mine money lacos as VOLET	E (ADDRESS)	JACKS	ا الحالية		_
		FLOCI	1A_3	2216	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)					_
. If amending the registered asset and/o	r nasistema afficer	address in W	arids ess	or the borne of t	
If amending the registered agent and/or new registered agent and/or the new re	registered office ad	address in Fi	orida, ent	or the name of :	 ting
new resistered agent and/or the new re-	elatered office ad	eddress in Fi		or the name of	 <u>the</u>
Name of New Registered August	elatered office ad	tress; da street addr		, Florida	 ting
Name of New Registered August	eletered office ad	da street addr		-	 thing

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If amounting 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: (Anach additional sheets, (Inecessary)

Title	Name	Address	Type of Action
	lydia meeldickenberg	HOLLY WOOD FLORIDA 33019	Add D Remove
ecicalinga e shreppon	TOWY TOGNOLL	18635 219TH DRIVE LIVE OAK FLOCIDA 32060	Add Remove
			□ Add □ Remove
E. <u>If amendh</u>	es or adding additional Articles, enter	hange(s) here;	
(attach add	litional sheets, if necessary). (Be specifi	(c)	
W Ifen son	endraent provides for an exchange, recl	essification, or cancellation of its	ned shores.
provision	ns for implementing the amendment if a capticable, indicate N/A)	ot contained in the amendment i	self:
			<u> </u>
	Pag	e 2 of 3	· •

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The date of each amendment(s) adoption: MARCH 15, 2010
Effective date f annicable: (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
(vating 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.
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)
(Typed or printed name of person signing)
(Title of person signing)

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