P10000050336

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORI	PORATION: US 15	SOUTH PAIN MANAGEME	ENT CORP.	
DOCUMENT NU	MBER:	P10000050336		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
		Debbie Williams		
	- N	lame of Contact Person	-	
	US 1 Sou	th Pain Management Corp		
		Firm/ Company		
	4	022 Blanding Blvd	<u>.</u> _	
		Address		
		ionville, Florida 32210		
		•		
	E-mail address: (to be use	gmnt@aol.com If for future annual report notification)	·	
For further inform	ation concerning this matter,	please call:		
	Debbie Williams		78-7963	
Name of Contact Person		Area Code & Daytime Tele	ephone Number	
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	ment 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 A		Street Address Amendment Section		
Amendment Section Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

US 1 SOUTH PAIN MANAGEMENT CORY. (Name of Corporation as currently filed with the Florida Dept. of State) P10000050336 (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: St. Augustine US1 Medical Clinic Corp. 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

(Florida street address)

____, Florida (Zip Code)

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) Title · <u>Name</u> Address **Type of Action** ☐ Remove ☐ 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 amendmen	t(s) adoption: <u>08</u>	3/01/2010
Effective date <u>if applicable</u> :	08/01/2010	(date of adoption is required)
	(no more than S	90 days after amendment file date)
Adoption of Amendment(s)	(CH	IECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s approval.
		ne shareholders through voting groups. The following stateme g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	idment(s) was/were sufficient for approval
by	(voting group)	,"
action was not required.	, ,	e board of directors without shareholder action and shareholde e incorporators without shareholder action and shareholder
Dated_08/0	Stephen	dent or other officer – if directors or officers have not been
sel	ected, bý an incor pointed fiduciary	porator - if in the hands of a receiver, trustee, or other court
		Stephen M. Monahan
	(Ту	ped or printed name of person signing)
		Owner - Pres.
	(Title o	of person signing)