P10000052107

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORI	PORATION:	Ragans Medical Inc	
DOCUMENT NU	OCUMENT NUMBER: P0000052107		
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Joe Diaz	
	N	lame of Contact Person	
		sential Tax Services	
Firm/ Company			
527 Viceroy Ct		·	
Address			
		ssimmee FI 34758	
	C	ity/ State and Zip Code	
	joediaz@amerio E-mail address: (to be use	canessentialservices.com d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
	Joe Diaz	at (800)34	14-1040
Name	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	k for the following amount m	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 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	e

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

 Ragans Medical, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
 P0000052107
(Document Number of Corporation (if known)

(Document Hun	iber of Corporat	ion (ii known)		
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statu	tes, this <i>Florida Profit C</i>	Corporation adopts	the follo
A. If amending name, enter the new name of	f the corporatio	<u>n:</u>		
Bays	side Spine Inc		T	he new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "C	orp," "Inc," or "Co". A	professional corp	
B. Enter new principal office address, if app	licable:	275 Bayshore Blvd		
(Principal office address <u>MUST BE A STREET ADDRES</u>		Suite 1406	SEC 3	
		Tampa FI 33606	2 R S	J. Francisco
C. Enter new mailing address, if applicable			ASS ASS	TOTAL .
(Mailing address MAY BE A POST OFFICE		275 Bayshore Blvd	To The Table	
		Suite 1406 Tampa FI 33606	F1 0P1	O
		•	7	
D. If amending the registered agent and/or r new registered agent and/or the new registered.			r the name of the	
				
Name of New Registered Agent:	Joe Diaz		-	
	527 Viceroy		-	
New Registered Office Address:	(Flori	ida street address)		
	Kissimmee		_, Florida <u> 34758</u>	
	(City)	(Zip	Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a			obligations of the po	sition.
	ignature of New	Registered Agent, if chan	nging	

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.	Name	Address	Type of Action
			
			□ D
(attach add	litional sheets, if necessary). (Be spec	ific)	
provision	endment provides for an exchange, reals for implementing the amendment if applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: April 20 2011
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	Austin Ragans
	(Typed or printed name of person signing)
	President
	(Title of person signing)