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SECRETARY OF STATE OF CORPORATION.

10 SEP 27 AM 11: 56

C.COULLIETTE
SEP 29 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	FLORIDA	PAIN	CARE A	ND REH	IAB, CORP
DOCUMENT NUM	[BER:			P100000	060633	·
The enclosed Article	s of Amendment	and fee are s	ubmitte	d for filing.		
Please return all corr	espondence conce	erning this m	atter to	the followin	g: ·	
	·		ZINA K			
		Name	of Cont	act Person		
_	FIN			ITING SER	VICES	***************************************
		F	irm/ Con	npany		
_		730 W	COLC	NIAL DR		
			Addre	SS		
		ORLA	NDO, I	FL. 32804		
·-		City/	State and	Zip Code	•	
	E-mail address	: (to be used fo	r future a	nnual report no	tification)	<u> </u>
For further informati	on concerning thi	is matter, ple	ase call	:		
	ZINA KANJI		at (407)_	42	23-2371 ephone Number
Name of	f Contact Person			Area Code &	Daytime Tele	ephone Number
Enclosed is a check	for the following	amount made	e payab	le to the Flor	ida Depart	ment of State:
☑ \$35 Filing Fee	\$43.75 Filing For Certificate of St		Cei	.75 Filing Fee of tified Copy ditional copy is		S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		Amer Divis Clifto 2661	et Address adment Section of Corpoon Building Executive Chassee, FL 32	rations enter Circle	e

Articles of Amendment to Articles of Incorporation of

FLORIDA PAIN CARE AND REHAB, CORP

(Name of Corporation as currently filed with	the Florida Dept. of State)						
P10000060633							
(Document Number of Corporate	tion (if known)						
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following						
A. If amending name, enter the new name of the corporation	on:						
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the contain the word "corp."	Corp," "Inc," or "Co". A professional corporation						
B. Enter new principal office address, if applicable:	1456 S. SEMORAN BLVD						
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ORLANDO, FL. 32807						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6005 SILVER STAR RD ORLANDO, FL. 32808						
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:							
New Registered Office Address: (Flor	rida street address)						

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.

(City)

Signature of New Registered Agent, if changing

, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
TREA	JOBELLE ANN I SISON	10221 CYPRESS TRAIL DR ORLANDO, FL. 32825	_
<u>DIR</u>	JORDAN PAUL I SISON	10221 CYPRESS TRAIL DR ORLANDO, FL, 32825	_ □ Add _ ☑ Remove
			_
	ling or adding additional Articles, end dditional sheets, if necessary). (Be spe		
		,	
provisio	nendment provides for an exchange, in the same of the		
	· .		
			

The date of each amendment	
Decades Jak te titi-	(date of adoption is required)
Effective date if applicable:	(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.
	re approved by the shareholders through voting groups. The following statemented 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 09/0	
Signature <u>(</u>	Dio
	a director, president or other officer – if directors or officers have not been
app	ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	BENEDICTA I SISON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)