Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000183745 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number

: (305)444-4977

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

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN PAIN THERAPY CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

T CANNON

## Articles of Amendment to Articles of Incorporation of

PAIN THERAPY CENTER, INC					
(Name	of Corporation as currentl	y filed with the Flori	ds Dept. of State)		
P10000077935					
	(Document Number of	f Corporation (if know	n)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corpor	ation adopts the followi	ng amer	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:				
		<del></del>		The	
name must be distinguishable and coi "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional	incorporated" or the c corporation name must	abbrevia Pomtair	ation r <i>the</i>
B. Enter new principal office address (Principal office address MUST BE A.S.				<del></del>	<del></del>
					_
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>	<u>licable:</u> <u>OFFICE BOX</u> )				
				<u></u>	_
D. If amending the registered agent as	nd/or registered office addr	ess in Florida, enter t	the name of the		_
new registered agent and/or the ne	GABRIEL ORTEGA				Ξ
Name of New Registered Agent				_ က - က	AEC:
	6501 NW 36 ST 414 (Florida stre			_ =====================================	in ,
New Registered Office Address:	VIRGINIA GARDENS	es adaress)	m 33166	63	
		(City)	, Florida	Cáde)	-525
					STA
New Registered Agent's Signature, if o	hanging Registered Agent:			œ	TE A
I hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the obli	igations of the position.		
		10			
	babut	/ <del>( )</del>			
	Signature of New Re	egistered Agent if char	naina		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) X Change	PD	GABRIEL ORTEGA	6501 NW 36 ST
Add			UNIT 414
Remove			VIRGINIA GARDENS, FL 33166
2) Change			
Remove			
3) Change			
Add			
Remove			29
4) Change	<del>`</del>		AM STORY
Add			
Remove			
5)Change			
Add			
Remove			
δ)Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
- W-m		
······································		·····
		· · · · · · · · · · · · · · · · · · ·
		ᇑ
		<u></u>
		29
6 3 3	and the state of t	<b>==</b>
provisions for implementing the ame:	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	# =
(If not applicable, indicate N/A)	<del>-</del>	<del></del>
		ω
		· • •

	7/29/2015		
The date of each amendment(s) adoption: _ date this document was signed.		if c	ther than the
Effective date if applicable:			
	(no more than 90 days after amendment file date)	•	<del></del>
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date wil f State's records.	l not be	listed as the
Adoption of Amendment(s) (C	HECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.		
	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):		
"The number of votes cast for the ame	endment(s) was/were sufficient for approval		
by	))	_	70
(ve	oting group)	<del>ن</del> ا	ĚĚ
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	JUL 29	RETARN APASS
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder		
07/29/2015			25
Dated		α	
selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court		
appointed fiduciar	y by that fiduciary)		
GABRIEI	ORTEGA BORGES	•	
<del></del>	(Typed or printed name of person signing)		<del></del>
PD			
- N .	(Title of person signing)		