P10 0000 80058

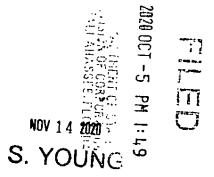
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COVER LETTER

TO: Amendment Section Division of Corporations

		NESTHESIA AND SPINE INTERVENTION SPECIALIES	1 11
DOCUMENT NUN	BER: P10000080058		
The enclosed Article	es of Amendment and fee are su	ubmitted for filing.	
Please return all con	espondence concerning this ma	atter to the following:	
	DARYOUSH PAYMAN		
		Name of Contact Person	_
	SOMNICARE ANESTHE	SIA AND SPINE INTERVENTION SPECIALIST INC	
		Firm/ Company	-
	201 WEST GUAVA STREE	ET SUITE 202	
	-	Address	_
	LADY LAKE FL 32159		
		City/ State and Zip Code	-
	PAYMANMD@GMAIL.CO	MC	
	E-mail address: (to be u	sed for future annual report notification)	
for further informati	on concerning this matter, plea		
Name of Contact Person		at ()at () Area Code & Daytime Telephone Numbe	r
Enclosed is a check		payable to the Florida Department of State:	
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ar Di P.0	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

SOMNICARE ANESTHESIA AND SPINE INTERVENTION SPECIALIST INC

(Nous of Company tion on aumant	(r. Clad with the Florida Dant of Ctate)
P10000080058	ly filed with the Florida Dept. of State)
	10
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
SPINE INTERVENTION SPECIALISTS / N()	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office address	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	in the second se
Check if applicable	

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Do	<u>oe</u>	
X Remove	<u>y</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_	793.4	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change	<u></u>	_		
Add			•	
Remove				

(Attach additional sheets, if	f necessary). (Be spe	er change(s) here: ecific)		
		_		
		•		
		.		
	 			
- ,				
			· · · · · · · · · · · · · · · · · · ·	
. If an amendment provide	es for an exchange, re	classification, or ca	ncellation of issued sl	iares,
provisions for implemen (if not applicable, ind		if not contained in	the amendment itself:	
			, , , , , , , , , , , , , , , , , , ,	
		· · · · · · · · · · · · · · · · · · ·		,

, , , , , , , , , , , , , , , , , , , ,	on the same of the
The date of each amendment(s) adopted date this document was signed.	tion:, if other than the
09-01-2	020
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will not be listed as the tment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes east for the amendment(s) ient for approval.
	red by the shareholders through voting groups. The following statement the voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
bv	»
	(voting group)
09-28-2020	
Dated	
Signature	
By a direct	tor, president or other officer - if directors or officers have not been
celected by	y an incorporator — if in the hands of a receiver, trustee, or other court
	fiduciary by that fiduciary)
	, , , , , , , , , , , , , , , , , , ,
appointed f	RYOUSH PAYMAN
appointed f	
appointed f	RYOUSH PAYMAN