## P11000039578

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SECRETARY OF STATE
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## **COVER LETTER**

TO: Amendment Section

Division of Corp	orations				
NAME OF CORPO	RATION: Pain Docto	r Center INC		<del></del>	
	BER: P1100003957		<del></del>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Martin Valdes			SE	71
		Name of Contact Person	n	, To 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8
	Martin Valdes, M	.D., P.A.			14 OCT 17 AM II: 13
		Firm/ Company		<u> </u>	
1825 Ponce de Leon Blvd., # 269					
		Address		38	<del></del>
	Coral Gables, FL	33134		¥Ĉ.	ယ်
		City/ State and Zip Cod	e		
mv	226@caa.columb	ia.edu			
<u></u>	_	sed for future annual report	notification)	<del></del>	
For further information	on concerning this matter, pleas	se call:			
Martin Valde	es	at (305	, 502-0754		
Name	of Contact Person	Area Co	de & Daytime Telephone 1	Vumber	_
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

Pain Doctor Center Inc				
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	<del></del>	
P11000039578				
(Document	Number of Corporation (if k	nown)	<del>7</del>	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Fl	orida Profit Corporation adopts the	ne following amendmen	t(s) to
A. If amending name, enter the new nar	me of the corporation:			
Martin Valdes, M.D., P.A.			mi	
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	ain the word "corporation, ation "Corp," "Inc," or "Co	o". A professional corporation n		
B. Enter new principal office address, it (Principal office address MUST BE A ST	f applicable:	N/A		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		1825 Ponce de Leon Blv	· <del></del> · · · · · · · · ·	
D. If amending the registered agent and		Coral Gables, FL 33	The state of the s	
new registered agent and/or the new			· 출하 응 <b>~~~</b>	ı `
Name of New Registered Agent	N/A		25.55	·
-	(Florida street		ាន 🕿 👣	
New Registered Office Address:	(City)	, Florida		
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent:	h and accept the obligations of the	o nosition	
Thereby decept the appointment as registe	reu agem i am jammar wil	п ини ассері те овнушнопѕ ој те	розиют.	
Sigi	nature of New Registered Age	ent, if changing		

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.

X Change	PT	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	SEC TALL
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<del></del>	<del></del>	<u> </u>
Add Remove			FIGURE 13
2) Change			
Add Remove			
3) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
r i kemave			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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" \(\overline{\top}_{\top}\)	<b>-</b>
(voting group)	4
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	0C1 = 1
(voting group)  The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated 10/10/2014  Signature	
Dated 10/10/2014 20 PM	$\bar{\omega}$
Signature Water Varante (By a director, president or other officer – if directors or officers have not been	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Martin Valdes	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	-