

P12000054565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

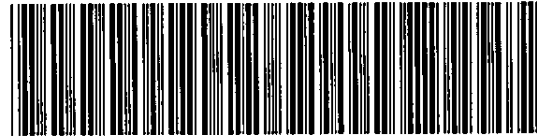
(Business Entity Name)

(Document Number)

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02/25/13--01038--014 \*\*35.00

FILED  
13 APR - 8 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 09 2013

T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2013

PEDRO TORRES  
EMPIRE PAIN & WELLNESS CENTER INC.  
1701 W FLAGLER ST STE #215  
MIAMI, FL 33135

SUBJECT: EMPIRE PAIN & WELLNESS CENTER INC.  
Ref. Number: P12000054565

We have received your document for EMPIRE PAIN & WELLNESS CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 813A00004829

RECEIVED  
13 APR -8 AM 10:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** EMPIRE PAIN & WELLNESS CENTER INC.

**DOCUMENT NUMBER:** P12000054565

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEDRO TORRES

*Name of Contact Person*

EMPIRE PAIN & WELLNESS CENTER INC.

*Firm/ Company*

1701 W FLAGLER ST SUITE #215

*Address*

MIAMI, FLORIDA 33135

*City/ State and Zip Code*

PTORRES51@HOTMAIL.COM

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

PEDRO TORRES

*Name of Contact Person*

at ( 201 ) 780-5129

*Area Code & Daytime Telephone Number*

Enclosed is a check for the following amount made payable to the Florida Department 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  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

EMPIRE PAIN & WELLNESS CENTER INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000054565

(Document Number of Corporation (if known))

FILED

13 APR -8 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

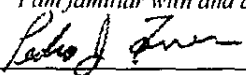
**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent **PEDRO J TORRES**  
**1701 W FLAGLER ST SUITE# 215**  
(Florida street address)

New Registered Office Address: **MIAMI, FL**, Florida **33135**  
(City) (Zip Code)

**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.*

  
Signature of New Registered Agent, 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.*

**Example:**

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> <small>REMOVE</small> Change	<u>P</u>	<u>YESENIA DOMINGUEZ</u>	<u>1645 N.W. 120 ST</u>
<input type="checkbox"/> Add			<u>N.MIAMI, FL 33167</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> <small>ADD</small> Change	<u>P</u>	<u>PEDRO J TORRES</u>	<u>1701 W FLAGLER ST #215</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33135</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 02/21/2013

Effective date if applicable: 02/21/2013

(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 \_\_\_\_\_."  
(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 02/21/2013

Signature \_\_\_\_\_

(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)

PEDRO J TORRES

(Typed or printed name of person signing)

Pedro J Torres  
(Title of person signing)