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TAPLAHASSEE, FLORID

FILINGS, INC. TERESA ROMAN (Requestor's Name) 2805 LITTLE DEAL ROAD (Address) TALLAHASSEE, FLORIDA 32308 385-6735 OFFICE USE ONLY (City, State, Zip) (Phone #) CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): Spine Institute In. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS COTRO **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

ARTICLES OF CORRECTION

For

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| For | 1 14- |
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| THE BRAIN AND SPINE INSTITUTE, INC | C. 2013 JAN 22 PM 1: 43 |
| Name of Corporation as currently filed with the Florida Dept. of State | SECONDIALLY OF STATE TALLAHASSEE, FLORID |
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| Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statu these Articles of Correction within 30 days of the file date of the documer | nt being corrected. |
| These articles of correction correct | ected) |
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| filed with the Department of State on 01/14/13 (File Date of Document) | · |
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| Specify the inaccuracy, incorrect statement, or defect: | |
| THE NAME OF THE DIRECTOR IS INCORRECT | |
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| Correct the inaccuracy, incorrect statement, or defect: | |
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| THE CORRECT NAME SHALL BE | |
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| (Signature of a director, president or other officer - if directors or officers had been selected, by an incorporator - if in the hands of the receiver, trust other court appointed fiduciary, by that fiduciary.) | iave ee, or |
| TERESA ROMAN | INCORPORATOR |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00