

04/27/2015 11:23 FAX
4/27/2015

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1 Incorporate
Division of Corporations

0001/0005

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

APR 28 2015

R. WHITE

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

Email Address: markglad01@yahoo.com

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15 APR 27 PM 2:43

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PAIN MEDICINE OF SW FLORIDA, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	05
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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 APR 27 PM 2:53

FILED

H15000102227 3
15 APR 27 AM 53Articles of Amendment
to
Articles of Incorporation
ofSECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAIN MEDICINE OF SW FLORIDA, P.A.

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

P14000096830

(Document Number of Corporation (if known))

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:

UNITED SPECIALISTS OUTREACH NETWORK P.A.

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)

255 LITTLE HARBOUR LANE

NAPLES, FL 34102

C. Enter new mailing address, if applicable:(Mailing address MAY BE A POST OFFICE BOX)

255 LITTLE HARBOUR LANE

NAPLES, FL 34102

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

MARK GLADSTEIN

255 LITTLE HARBOUR LANE

(Florida street address)

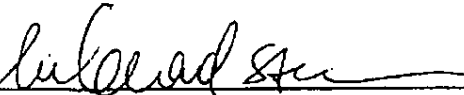
New Registered Office Address:

NAPLES

Florida 34102

(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

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The date of each amendment(s) adoption: 04/24/15, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 04/24/15

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)

MARK GLADSTEIN

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

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