

P98000012543

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature: Jane Chang  
Date: 12/12/07  
Initials: DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** PAIN SPECIALIST OF ORLANDO, INC.

**DOCUMENT NUMBER:** P98000012543

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

Please return all correspondence concerning this matter to the following:

JUANITO T. ESTRADA

(Name of Contact Person)

PAIN SPECIALIST OF ORLANDO, INC.

(Firm/ Company)

6005 SILVER STAR ROAD

(Address)

ORLANDO, FLORIDA 32808

(City/ State and Zip Code)

For further information concerning this matter, please call:

ROBERTO R. RUELO, ESQ.

(Name of Contact Person)

at ( 813 ) 983-7648

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

FROM : RUELO

FAX NO. : 813 963 7840

Dec. 04 2007 10:25AM P3

**Articles of Amendment  
to  
Articles of Incorporation  
of**

**PAIN SPECIALIST OF ORLANDO, INC.**

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

**P98000012543**

(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:

**NEW CORPORATE NAME (if changing):**

**PAIN SPECIALIST AND URGENT CARE, INC.**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The date of each amendment(s) adoption: DECEMBER 1, 2007

Effective date if applicable: DECEMBER 1, 2007  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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.

Signature

X. Ryan R. Estrada

(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)

RYAN R. ESTRADA

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

FILING FEE: \$35