

P98000012543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

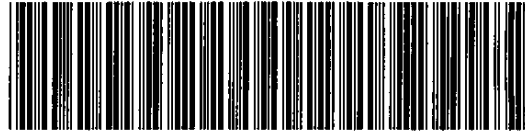
(Business Entity Name)

(Document Number)

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08 JAN - 7 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

SB 1/8



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 2, 2008

JUANITO T. ESTRADA  
PAIN SPECIALIST AND URGENT CARE, INC.  
6005 SILVER STAR ROAD  
ORLANDO, FL 32808

SUBJECT: PAIN SPECIALIST AND URGENT CARE, INC.  
Ref. Number: P98000012543

We have received your document for PAIN SPECIALIST AND URGENT CARE, 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):

The date of adoption of each amendment must be included in the document.

The document must have original signatures.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 708A00000083

January 2, 2007

Dear Susan,

I wish you the best for 2008.  
Enclosed is the documents with \$3500 check.  
I did send you the copy of this documents with  
\$35.00 check. Kindly disregard that one and  
proceed to this new checks enclose with this  
letter.

Sincerely,  
Juanita T. Eotrada



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 26, 2007

JUANITO T. ESTRADA  
PAIN SPECIALIST AND URGENT CARE, INC.  
6005 SILVER STAR ROAD  
ORLANDO, FL 32808

SUBJECT: PAIN SPECIALIST AND URGENT CARE, INC.  
Ref. Number: P98000012543

We have received your document for PAIN SPECIALIST AND URGENT CARE, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 707A00071565

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** PAIN SPECIALIST AND URGENT CARE, 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 AND URGENT CARE, 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 ) 963-7648

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

PAIN SPECIALIST AND URGENT CARE, INC.

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

FILED  
08 JAN -7 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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):**

(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)**

DELETE JUANITO T. ESTRADA AND LUNINGNING R. ESTRADA AS

OFFICERS AND DIRECTORS OF THE CORPORATION.

TRANSFER 100,000 SHARES OF COMMON STOCK OF THE CORPORATION

TO RYAN R. ESTRADA FROM JUANITO T. ESTRADA AND LUNINGNING R.

ESTRADA.

(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)

The date of each amendment(s) adoption: 1-1-08

Effective date if applicable: \_\_\_\_\_  
(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**