

P 98000102040

FLORIDA PAIN AND ANESTHESIA, P.A.
6440 W. Newberry Road, Suite 106, Gainesville, FL 32605
Phone (352) 333-5185 Fax (352) 333-5188

FILED
99 OCT 18 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 5, 1999

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*****44.75 *****43.75

Ms. Katherine Harris, Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

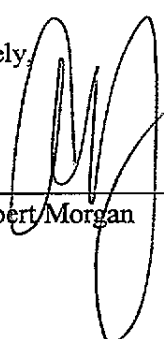
RE: Amendment to the Articles of
Incorporation of Albert
Morgan, M.D., P.A.

Dear Ms. Harris:

Please find enclosed an Amendment to the Articles of Incorporation of Albert Morgan, M.D., P.A. to change the name of the corporation to Florida Pain and Anesthesia, P.A. I also request that you send a Certified Copy back to me at 6440 W. Newberry Road, Suite 106, Gainesville, FL 32605. A check is enclosed for \$44.75 for the Amendment (\$35.00) and the two page Certified Copy (\$9.75). If you have any questions, please do not hesitate to contact me at (352) 333-5185.

NC
10-28-99
BHS

Sincerely,



Dr. Albert Morgan

FILED

99 OCT 18 AM 8:55

CLERK OF STATE
TALLAHASSEE, FLORIDA

Amendment to the
Articles of Incorporation
of
ALBERT MORGAN, M.D., P.A.

The undersigned corporation adopts the following Amendment to its Articles of Incorporation, filed December 4, 1998, #P98000102040, effective immediately upon filing:

1. Article I of the Articles of Incorporation is hereby amended to read as follows:

"The name of this corporation shall be FLORIDA PAIN AND AN ESTHESIA, P.A."

2. The foregoing Amendment was adopted at a joint meeting of the Directors and Shareholders of this Corporation on the 31st day of December, 1998.

IN WITNESS WHEREOF, the undersigned President and Secretary of this Corporation have executed these Articles of Amendment on this 30th day of September, 1999.

ALBERT MORGAN, M.D., P.A.

By: ALBERT MORGAN, M.D.
PresidentBy: ALBERT MORGAN, M.D.
Secretary

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 30th day of September, 1999, by ALBERT MORGAN, M.D., as President and Secretary.

Nancy L. Webb
Notary Public, State of Florida at Large



Nancy L. Webb
MY COMMISSION # CC685201 EXPIRES
September 21, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

Print, Type or Stamp Commissioned Name
of Notary Public

Personally known ☒ OR Produced Identification _____
Type of Identification Produced:

- ☐ Current Florida Driver's license
☐ Other _____