

# P 99000012019

Requestor's Name

Address

For *Name + address Change.*

Office Use Only

- CO *Advanced Health Institute, Inc.*
1. *4602 N. Armenia Ave.,*
  2. *SLB-6*
  3. *Tampa, FL 33603*
  4. *83-348-6093*

NUMBER(S), (if known):

(Document #)

(Document #)

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- ☐ Walk in ☐ Pick up time ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**FILED**  
99 APR 19 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-03/29/99--01087--012  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

*NC & AM*  
*RG420*

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 6, 1999

ADVANCED HEALTH INSTITUTE, INC.  
4602 N. ARMENIA AVENUE  
SUITE B-6  
TAMPA, FL 33603

SUBJECT: ADVANCED MEDICAL INSTITUTE, INC.  
Ref. Number: P99000012019

We have received your document for ADVANCED MEDICAL INSTITUTE, INC. ✓  
and your check(s) totaling \$43.75. However, the enclosed document has not  
been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or  
it is not distinguishable from the name of a voluntarily dissolved corporation or  
limited liability company. The name of a voluntarily dissolved Florida corporation  
or limited liability company is not available for the assumption or use by another  
entity until 120 days after the effective date of dissolution unless the dissolved  
entity provides the Department of State with a notarized affidavit, stating they  
have no intention of revoking the dissolution, therefore, releasing the name for  
use to another entity. → 7/27/98  
4/23/99

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) 487-6880.

Karen Gibson  
Corporate Specialist

Letter Number: 699A00017276

*Change to:*

*Advanced Pain Institute, Inc.*

*Please call me to let me know we can  
use this name.*

*Thank you*

*Shirley Stewart  
813-348-6093*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

FILED  
99 APR 19 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Advanced Medical Institute, Inc.  
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Name Change:

Advanced ~~Health~~ <sup>Pain</sup> Institute, Inc.  
Advanced Pain Institute, Inc.

Address Change:

4602 N. Armenia Avenue, Ste B-6  
Tampa, FL 33603  
813-348-6093

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

Active as of April 2, 1999

**THIRD:** The date of each amendment's adoption:

April 2, 1999

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

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 26 day of March, 19 99.

Signature

Wendy L. Schweitz, D.C., Pres.

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Wendy L. Schweitz, D.C., Pres.

Typed or printed name

CEO / INCORPORATOR

Title