P99000087870

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(1)	41033)
(Cit	y/State/Zip/Phone #)
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Amend

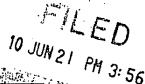
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION:	Arthritis and Back Pain Cente	ers,Inc.
. DOCUMENT NUM	MBER:	P99000087870	
The enclosed Article	es of Amendment and fec	e are submitted for filing.	
Please return all cor	respondence concerning	this matter to the following:	
_	7	Louise T. Jeroslow	
		Name of Contact Person	
	Law Offices of	Law Offices of Louise T. Jeroslo	<u> </u>
		Firm/ Company	
	6075	Sunset Drive Suite 201	
-		Address	
	S _i	outh Miami, FL 33143 City/ State and Zip Code	
		City/ State and Zip Code	
	jeros	low@bellsouth.net	
	E-mail address: (to be i	ised for future annual report notification)	
For further informat	tion concerning this matte	er, please call:	
	ise T. Jeroslow		10-7431
Name o	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a cheek	for the following amount	made payable to the Florida Depart	: ment of State:
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy• (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of 6 P.O. Box 63 Tallahassee.	Section . Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	e

Articles of Amendment to Articles of Incorporation of



P9	9000087870	•	PERMO
(Document Nu	imber of Corporation (if kno	own)	7,
ursuant to the provisions of section 607.10 nendment(s) to its Articles of Incorporation:	006, Florida Statutes, this <i>F</i>	lorida Profit Corporation	adopts the fol
. If amending name, enter the new name	of the corporation:	f ·	
•			The new
breviation "Corp., " "Inc., " or Co., " or the must contain the word "chartered," "pre- Enter new principal office address, if an	rofessional association," or uplicable:	the abbreviation "P.A."	ai corporation
Principal office address <u>MUST BE A STRE</u>	<u>SET ADDRESS</u>)	•	
	· ·	· · · · · · · · · · · · · · · · · · ·	
		, , , , , , , , , , , , , , , , , , , ,	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
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(Staning marcss SIAT BE A POST OF P	•	;	
(Stating waters SIAT BE A POST OFF	·		
. If amending the registered agent and/or		in Florida, enter the name	of the
		in Florida, enter the name	of the
. If amending the registered agent and/or		in Florida, enter the name	of the
. If amending the registered agent and/or new registered agent and/or the new reg		in Florida, enter the name	of the
. If amending the registered agent and/or new registered agent and/or the new reg			of the
. If amending the registered agent and/or new registered agent and/or the new registered agent. Name of New Registered Agent:	gistered office address:		of the

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	- <u>Address</u>	Type of Action
MGR	Lourdes Williams	8 <u>415 Coral Way #204</u> Miami, FL 33155	
			🗆 Add

•			
•			
E. <u>If amend</u> (attach ad	ling or adding additional Article: lditional sheets, if necessary). (E	s, enter change(s) here: Be specific) -	
•			
· · · · · · · · · · · · · · · · · · ·	 		· · · · · · · · · · · · · · · · · · ·
F Ifan an	oundment provides for an asolon	nge, reclassification, or cancellation o	; ficcuad charac
provisio	ons for implementing the amenda	nent if not contained in the amendme	ent itself:
i (if no	ot applicable, indicate N/A)	•	
	***************************************	,	***************************************
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	(date of adoption is a	required)
Effective date if applicable:		
	(no more than 90 days after amendmen	ı file date) 🖰 💮 🦠 🦠
		:
Mandium of Amondmanda	(CHECK ONE)	•
Adoption of Amendment(s)	(CHECK ONE)	:
	ere adopted by the shareholders. The num were sufficient for approval.	nber of votes cast for the amendment
	ere approved by the shareholders through led for each voting group entitled to vote:	
"The number of vote	s cast for the amendment(s) was/were suff	leient for approval
by '		<u></u>
	(voting group)	· · · · · · · · · · · · · · · · · · ·
		,
The amendment(s) was/w action was not required.	ere adopted by the board of directors with	out shareholder action and sharehold
The amendment(s) was/w action was not required.	vere adopted by the incorporators without	shæeholder action und shareholder
Signature	ne 17, 2010	
Su	by a director, president or other officer it lected by an incorporator if in the hand pointed fiduciary by that fiduciary)	
	Anthony De La	. Cruz
	(Typed or printed name of	person signing)
	Vice President/I	Director :
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·