

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 MAR -3 AM 8:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

100028789721
02/16/04--01028--001 **\$1.25

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F0200000578D
1. Corporation Name
Florida Society of Interventional Pain Physicians, Inc.

2. Principal Office Address <u>1564 Kingsley Ave.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Orange Park, FL</u>		City & State	
Zip <u>32073</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/2002

5. FEI Number 04-3722319 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Andrea Trescot, M.D.

Street Address (P.O. Box Number is Not Acceptable) 1564 Kingsley Ave.

Suite, Apt. #, Etc. _____

City Orange Park State FL Zip Code 32073

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03/03/04 01051 004 **\$1.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 1/28/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/C	<u>Andrea Trescot, M.D.</u>	<u>1564 Kingsley Ave.</u>	<u>Orange Park, FL 32073</u>
V/D	<u>Chris Roberts, M.D.</u>	<u>13520 Sutton Park Dr. S., Suite 204</u>	<u>Jacksonville, FL 32224</u>
S/D	<u>Scott Kramaric, M.D.</u>	<u>4339 Roosevelt Dr.</u>	<u>Jacksonville, FL 32210</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] A. Trescot MD Date 1/28/04 Daytime Phone # 904 276-9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)



Lexington Financial Center
250 West Main Street, Suite 1600
Lexington, Kentucky 40507-1746
859.233.2012
Fax: 859.259.0649

Erin Brisbay McMahon
859.288.7452
emcmahon@wyattfirm.com

February 9, 2004

The Department of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement Application for Florida Society of Interventional
Pain Physicians, Inc.

To Whom It May Concern:

Please find enclosed an application for reinstatement of the above-referenced corporation. I have enclosed a letter from the president of the society indicating that she did not receive the 2003 annual report due to change of address. I have also enclosed a check for \$61.25 to cover the annual report fee.

We hope you will consider the society's explanation for why the 2003 annual report was not filed and waive the reinstatement fee. We appreciate your consideration of this request and look forward to your reply. If additional fees are required, please notify me at the above address.

Thank you for your assistance in this matter.

Best Regards,

WYATT, TARRANT & COMBS, LLP

Erin Brisbay McMahon

EBM:vh
Enclosures

cc: Andrea M. Trescot, MD (w/enclosures)

30318268.1

www.wyattfirm.com

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Lexington, KY 40507-1746
859.233.2012

918 State Street
Bowling Green, KY 42101
270.842.1050

1715 Aaron Brenner Drive, Suite 800
Memphis, TN 38120-4367
901.537.1000

500 West Jefferson Street, Suite 2800
Louisville, KY 40202-2898
502.589.5235

311 West Main Street
Frankfort, KY 40601-1807
502.223.2104

2525 West End Avenue, Suite 1500
Nashville, TN 37203-1423
615.244.0020

101 West Spring Street, Suite 500
New Albany, IN 47150-3610
812.945.3561

Andrea M. Trescot, MD
1564 Kingsley Ave
Orange Park, FL 32073

To whom it may concern:

The Florida Society of Interventional Pain Physicians did not report to the Department of State this year because of an address change. As president of the society, I have had all correspondence sent to my office. Unfortunately, in February of 2003, we changed our office location from 1895 Kingsley Ave (suite 903) to our current address at 1564 Kingsley. The post office did not forward the report notice, and, since this was our first year in existence, I did not know to look for one. Please accept my apology. Enclosed please find a check for \$61.21 for the report.

Thank you again for your help.

Sincerely,



Andrea M. Trescot, MD
President, Florida Society of Interventional Pain Physicians