

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000119590

FILED
Sep 29, 2010
Secretary of State

Entity Name: PAIN AND INJURY RECOVERY CENTER, INC.

Current Principal Place of Business:

221 W. CTPRESS RD.
KISSIMMEE, FL 34741

New Principal Place of Business:

221 W. CYPRESS ST.
KISSIMMEE, FL 34741

Current Mailing Address:

221 W. CTPRESS RD.
KISSIMMEE, FL 34741

New Mailing Address:

7433 WINDSOME CT.
ORLANDO, FL 32810

FEI Number: 42-1558339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, ANDREW M
7433 WINDSOME CT.
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

BAKER, ANDREW M
221 W. CYPRESS ST.
KISSIMMEE, FL 34741 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDREW BAKER

09/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BAKER, JOYCE
Address: 221 W. CYPRESS ST.
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOYCE BAKER

PRES

09/29/2010

Electronic Signature of Signing Officer or Director

Date