2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2013
Secretary of State

DOCUMENT# P08000024294

Entity Name: THE CENTER FOR QUALITY PAIN CARE, P.A.

Current Principal Place of Business:

6705 RED RD
SUITE 516
CORAL GABLES, FL 33143

New Principal Place of Business:

6705 RED RD
SUITE 516
CORAL GABLES, FL 33143 UN

Current Mailing Address:

PO BOX 879
HALLANDALE BEACH, FL 33008

New Mailing Address:

FEI Number: 26-2135622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOBBS, ANDRE M.D.
6705 RED RD
SUITE 516
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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: ANDRE C HOBBS

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HOBBS, ANDRE M.D.
Address: 6705 RED RD SUITE 516
City-St-Zip: CORAL GABLES, FL 33143

Title: PRES
Name: HOBBS, ANDRE MD
Address: 12600 PEMBROKE RD SUITE 100
City-St-Zip: MIRAMAR, FL 33027

Title: PRES
Name: HOBBS, ANDRE MD
Address: 100 NW 170TH STREET SUITE 405
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: ANDRE C HOBBS PRES 10/09/2013

Electronic Signature of Signing Officer or Director Date