

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000065848

1. Corporation Name

FLORIDA PAIN MEDICINE ASSOCIATES, INC.

Principal Place of Business

2828 S. SEACREST BLVD.
SUITE ~~210~~ 211
BOYNTON BEACH FL 33435

Mailing Address

2828 S. SEACREST BLVD.
SUITE ~~210~~ 211
BOYNTON BEACH FL 33435



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/26/1999

5. FEI Number

65-0936875

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RENTA, ALEXIS M.D.	2828 S SEACREST BLVD #210 211	BOYNTON BEACH FL 33435
D	RODRIGUEZ, ALBERT M.D.	2828 S SEACREST BLVD #210 211	BOYNTON BEACH FL 33435
D	GATZ, BART M.D.	2828 S SEACREST BLVD #210 211	BOYNTON BEACH FL 33435

400008673964
10/29/02--01132--012 **150.00

8. Name and Address of Current Registered Agent

COHEN, JEFFREY L ESQ.
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name		State		Zip Code	
Street Address (P.O. Box Number is Not Acceptable)		FL			
Suite, Apt. #, Etc.					
City					

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 561-369-2812
Date Daytime Phone #

CR2E040 (8/02)

Florida Pain Medicine Associates, Inc.

Albert J Rodriguez, M.D.

Bart G. Gatz, M.D.

Alexis R. Renta, M.D.

Oct. 24, 2002

FL Dept. of State
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: 65-0936875 FEI#
REINSTATEMENT

Dear Sirs:

Please accept this letter requesting reinstatement for our annual report, FEI number 65-0936875. Our address changed to Suite 211 which was the probable reason for our not receiving the initial notice at the first of the year.

We are including the usual annual fee of \$150.00. Please contact our office if you have any questions.

Sincerely,


Alexis Renta, M.D.

ARR:cfl

Seacrest Professional Plaza, 2828 S. Seacrest Blvd., Suite 211, Boynton Beach, FL 33435 • Phone (561) 369-7644 • Fax (561) 369-3471

12977 Southern Blvd., Bldg. 5, Suite 200, Loxachatchee, FL 33473 • Phone (561) 369-7644 • Fax (561) 369-3471

4960 Central Park Blvd., Suite 203, Boca Raton, FL 33428 • Phone (561) 869-0026 • Fax (561) 369-3471

4733 W. Atlantic Ave., Bldg. 17 • Delray Beach, FL 33445 • Phone (561) 369-7644 • Fax (561) 369-3471

JFK Rothman Center, 5301 S. Congress Ave., Suite 300H • Atlantis, FL 33462 • Phone (561) 369-7644 • Fax (561) 369-3471