

2017 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000024294

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

Current Principal Place of Business:

12600 PEMBROKE RD
SUITE 302
MIRAMAR , FL 33027

Current Mailing Address:

PO BOX 879
HALLANDALE BEACH, FL 33008 US

FEI Number: 26-2135622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOBBS, ANDRE M.D.
12600 PEMBROKE RD
SUITE 302
MIRAMAR , FL 33027 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: ANDRE C HOBBS

10/07/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name HOBBS, ANDRE M.D.
Address 12600 PEMBROKE RD
 SUITE 302
City-State-Zip: MIRAMAR FL 33027

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

PRESIDENT

10/07/2017

Electronic Signature of Signing Officer/Director Detail

Date