

**2024 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P18000007206

**Entity Name:** SEASIDE SPINE & PAIN CENTER, P.A.

**Current Principal Place of Business:**

4863 PALM COAST PARKWAY NW  
UNIT 2  
PALM COAST, FL 32137

**Current Mailing Address:**

4863 PALM COAST PARKWAY NW  
UNIT 2  
PALM COAST, FL 32137 US

**FEI Number:** 46-4251159

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPEZ, MANUEL E DR.  
4863 PALM COAST PARKWAY NW  
UNIT 2  
PALM COAST, FL 32137 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:** MANUEL LOPEZ

01/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LOPEZ, MANUEL E DR.  
Address 4863 PALM COAST PARKWAY NW  
UNIT 2  
City-State-Zip: PALM COAST FL 32137

Title ASST. SECRETARY  
Name DIEZ, VILMA L  
Address 4863 PALM COAST PARKWAY NW  
UNIT 2  
City-State-Zip: PALM COAST FL 32137

Title TREASURER  
Name DIAZ, VANESSA  
Address 4863 PALM COAST PARKWAY NW  
UNIT 2  
City-State-Zip: PALM COAST FL 32137

*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:** MANUEL LOPEZ DIEZ

PRESIDENT

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date