

**2022 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

12/17/2022

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

PHYSICIAN OWNER

12/17/2022

Electronic Signature of Signing Officer/Director Detail

Date