2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# A98000002202

Entity Name: THE FLYNN FAMILY LIMITED PARTNERSHIP

FILED May 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2808 W. M.L.K. JR. BLVD. TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1152199 POST OFFICE BOX 152199

TAMPA, FL 33684 TAMPA, FL 33684

FEI Number: 59-3532874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

FLYNN, GREGORY T MD FLYNN, GREGORY T MD

2808 W. DR. MARTIN LUTHER KING JR. BLVD. 2808 W DR MARTIN LUTHER KING JR BLVD

TAMPA, FL 33607 US TAMPA, FL 33607 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: GREGORY T FLYNN MD 05/22/2007

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: P93000005603

Name: FLORIDA PAIN INSTITUTE, INC.

Address: 2808 W. M.L.K. JR. BLVD. Address: POST OFFICE BOX 152199

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33684

Document #:
Name: FLYNN, GREGORY T

Address: 3314 JEAN CIRCLE Address: POST OFFICE BOX 152199

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33684

Document #:
Name: DEJESUS, MYRNA I

 Address:
 3314 JEAN CIRCLE
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: GREGORY T FLYNN, M. D. GP 05/22/2007