2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# H52886

Entity Name: SOUTHEASTERN NEUROSCIENCE INSTITUTE, P.A.

Current Principal Place of Business:

3728 PHILLIPS HWY.
SUITE 32
JACKSONVILLE, FL 32207

New Principal Place of Business:

7999 PHILLIPS HWY.
SUITE 305
JACKSONVILLE, FL 32256

Current Mailing Address:

3728 PHILLIPS HWY.
SUITE 32
JACKSONVILLE, FL 32207

New Mailing Address:

7999 PHILLIPS HWY
SUITE 305
JACKSONVILLE, FL 32257

FEI Number: 59-2520471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH J. WARNER MD
3728 PHILLIPS HIGHWAY
SUITE 32
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

JOSEPH J. WARNER MD
7999 PHILLIPS HIGHWAY
SUITE 305
JACKSONVILLE, FL 32256 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: JOSEPH J WARNER, M.D. 03/01/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: JOSEPH J. WARNER MD
Address: 7999 PHILLIPS HWY #305
City-St-Zip: JACKSONVILLE, FL 32257

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: JOSEPH J WARNER. M.D. CEO 03/01/2011
Electronic Signature of Signing Officer or Director Date