PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

2002

LIMITED LIABILITY COMPANY

~~REINSTATEMENT~~

LLR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 13 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000014014

1. Limited Liability Company's Name

SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER,LLC

2. Principal Office Address		**3.** Mailing Office Address	
4473 N. STATE ROAD 7		4473 N. STATE ROAD 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
LAUDERDALE LAKES, FL		LAUDERDALE LAKES, FL	
Zip	Country	Zip	Country
33319	USA	33319	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: AUGUST 20, 2001

6. FEI Number: 65-1132665 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: JENNIFER L. SCHECHTMAN, CPA

Street Address (P.O. Box Number is Not Acceptable): 9050 PINES BLVD

900008968099
11/13/02--01034--011 **150.00

Suite, Apt. #, Etc.: SUITE 205

City: PEMBROKE PINES, State: FL Zip Code: 33024

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN — Date NOVEMBER 4, 2002

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANDRES OLEA	4473 N. STATE ROAD 7	LAUDERDALE LAKES, FL 33319
MGR	CHARLA SANTAMARIA	4473 N. STATE ROAD 7	LAUDERDALE LAKES, FL 33319
MGR	JERRY DUBRAVETZ	4473 N. STATE ROAD 7	LAUDERDALE LAKES, FL 33319

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 11-1-02 Daytime Phone # 954 410 3320

Typed or printed name of signing Managing Member/Manager ANDRES OLEA

L01000014014

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SOUTH FLORIDA MEDICAL P.R.C. INC.
4473 NORTH STATE ROARD 7 (441)
LAUDERDALE LAKES, FL 33319
OFFICE (954) 714-8848 FAX (954)966-3352

FILED
02 NOV 13 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 1, 2002

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER, LLC
FEIN #65-1132665

Dear Sir or Madam:

Enclosed please find a Limited Liability Company Reinstatement form for South Florida Medical Pain Relief Center, LLC. The company never received the UBR Form for 2002. I called your office to discuss this problem. Please find enclosed a check in the amount of $150 for the year 2002.

I want to thank you for all the help that was given to me. If you have any questions, Please contact me at the above telephone number.

Very Truly yours,

Andres Olea

AO/ytq