

L01000020220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**THEODORE J. SILVER**

ATTORNEY AT LAW  
FLORIDA BAR NO. 166379

1570 MADRUGA AVENUE  
SUITE 216  
CORAL GABLES, FLORIDA 33146  
TEL (305) 663-1711  
FAX (305) 668-5970

November 3, 2003

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

Re: Comprehensive Headache & Pain Treatment Center, Inc.  
**Document No.: P01000111438**  
Comprehensive Headache & Pain Treatment Center, LLC  
**Document No.: L01000020220**

Dear Sir or Madam:

Enclosed are the following:

1. Corporation Reinstatement;
2. LLC Reinstatement;
3. Statement of Change of Registered Agent for Corporation;
4. Statement of Change of Registered Agent for LLC; and
5. Check for Reinstatements and Change of Registered Agents in the amount of \$1,110.00.

The enclosed Reinstatements and Statements of Change of Registered Office/Agent and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

Theodore J. Silver, Esquire  
1570 Madruga Avenue, Suite 216  
Coral Gables, Florida 33146

For further information concerning this matter, please call: Theodore J. Silver, Esquire at 305-663-1711.

Very truly yours,



THEODORE J. SILVER, ESQUIRE

TJS:ms  
Enclosures

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Comprehensive Headache & Pain Treatment Center, LLC

2. The mailing address of the limited liability company is : 1770 N.E. Miami Gardens Drive  
North Miami Beach, Florida 33179

11/21/01

3. Date of filing/registration in Florida

L01000020220

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Barry Burak

Name

1770 N.E. Miami Gardens Drive

Address

North Miami Beach, Florida 33179

City, State and Zip

6. The name and address of the new registered agent and/or office:

Theodore J. Silver, Esquire

Name

1570 Madruga Avenue, Suite 216

Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33146

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Barry Burak

(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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