

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000026614

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Entity Name:** ALLIANCE MEDICAL PAIN MANAGEMENT, LLC

**Current Principal Place of Business:**

10213 LAKE CARROLL WAY  
SUITE A  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

10213 LAKE CARROLL WAY  
SUITE A  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 56-2297129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STONE, ERIC  
10213 LAKE CARROLL WAY  
SUITE A  
TAMPA, FL 33618 US

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

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:** ERIC STONE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** STONE, CARISSA DR  
**Address:** 10213 LAKE CARROLL WAY SUITE A  
**City-St-Zip:** TAMPA, FL 33618

**Title:** MGRM  
**Name:** STONE, ERIC  
**Address:** 10213 LAKE CARROLL WAY SUITE A  
**City-St-Zip:** TAMPA, FL 33618

I hereby 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** ERIC STONE

MR

10/07/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date