

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000027717

FILED
Jun 29, 2011
Secretary of State

Entity Name: DESTIN PAIN MEDICINE AND REHABILITATION, L.L.C.

Current Principal Place of Business:

510 CORDAY ST.
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

510 CORDAY ST.
PENSACOLA, FL 32503

New Mailing Address:

PO BOX 12646
PENSACOLA, FL 32591

FEI Number: 57-1157140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOZIER, DANIEL R
24 WEST CHASE ST
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

BURGESS, STEPHEN A JR.
316 S. BAYLEN ST
STE 300
PENSACOLA, FL 32502 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: STEPHEN A. BURGESS JR.

06/29/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RUBEN B. TIMMONS, M.D.
Address: 510 CORDAY ST.
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM
Name: STEIN, AARON
Address: 208 PINE TREE
City-St-Zip: GULF BREEZE, FL 32561

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: RUBEN TIMMONS

MGR

06/29/2011

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