PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 NOV 12 A 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000017271

1. Limited Liability Company's Name
Pain Care First of Orlando, LLC

2. Principal Office Address	3. Mailing Office Address
12200 West Colonial Drive	Same
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.:
City & State: Winter Garden, Florida	City & State:
Zip: 34787 Country: USA	Zip: Country:

4. State/Country of Formation: Florida, United States

5. Date Organized or Qualified. To Do Business in Florida: 05/12/2003

6. FEI Number: 56-2359823 ☐ 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: Katherine L. Smith, Esquire

Street Address (P.O. Box Number is Not Acceptable): 2033 Main Street

Suite, Apt. #, Etc.: Suite 600

City: Sarasota State: FL Zip Code: 34243

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: Katherine L. Smith
REGISTERED AGENT MUST SIGN

Date: 11/08/2004

CR2E041 (10/02)

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
MGRM	Pain Care First, Inc.	12200 West Colonial Drive	Winter Garden, FL 34787

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REINSTATEMENT 04 GA

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: [signature] Date: 11/08/2004 Daytime Phone #: 407-905-0012

Typed or printed name of signing Managing Member/Manager: Kenneth T. Lester