

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000056487

**FILED**  
**Sep 30, 2009**  
**Secretary of State**

**Entity Name:** PREMIER PAIN CARE, P.L.

**Current Principal Place of Business:**

5975 SW 72 STREET  
804  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5975 SW 72 STREET  
804  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 73-1690734      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

IRWIN M. FROST, P.A.  
1111 BRICKELL AVE.  
SUITE 2050  
MIAMI, FL 33131 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: EMILIO SUAREZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: EMILIO SUAREZ, D.O., P.A.  
Address: 5975 SW 72 STREET  
City-St-Zip: MIAMI, FL 33143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EMILIO SUAREZ

PRES

09/30/2009

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