

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000077057

FILED
Jan 19, 2010
Secretary of State

Entity Name: PAIN MEDICINE INSTITUTE, PLLC

Current Principal Place of Business:

6815 14TH STREET WEST
SUITE 204
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2014
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 20-1785919 **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:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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: CLIFFORD L. WALTERS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR.
Name: PRIEWE, RAYMON D D.O.
Address: 8223 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

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: CHERIE SMITH

MGR

01/19/2010

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