

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000067812

FILED
Oct 17, 2006
Secretary of State

Entity Name: PAIN CARE OF OCALA LLC

Current Principal Place of Business:

20394 SW AUDUBON AVE.
DUNNELLON, FL 34431

New Principal Place of Business:

Current Mailing Address:

20394 SW AUDUBON AVE.
DUNNELLON, FL 34431

New Mailing Address:

FEI Number: 42-1675860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STANTON, RICHARD
150 NW 783RD STREET, SUITE 200
MIAMI, FL 33169 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: RICHARD STANTON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CORCORAN, MARIA
Address: 20394 SW AUDUBON AVE.
City-St-Zip: DUNNELLON, FL 34431

Title: MGRM () Delete
Name: ZARCONI, RICHARD
Address: 4214 HARTFORD LAKE DRIVE
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA E CORCORAN

MNGR

10/17/2006

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