2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000067812

Entity Name: PAIN CARE OF OCALA LLC

FILED Oct 26, 2007 Secretary of State

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

20394 SW AUDUBON AVE. 3301 SW 34 CIRCLE STE # 203

DUNNELLON, FL 34431 OCALA, FL 34474

Current Mailing Address: New Mailing Address:

20394 SW AUDUBON AVE. DUNNELLON, FL 34431

FEI Number: 42-1675860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

STANTON, RICHARD STANTON, RICHARD

150 NW 783RD STREET, SUITE 200 150 NW 183RD STREET, SUITE 200

MIAMI, FL 33169 US MIAMI, FL 33169 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: RICHARD STANTON 10/26/2007

Electronic Signature of Registered Agent Date

Title:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete

 Name:
 CORCORAN, MARIA
 Name:
 CORCORAN, MARIA

 Address:
 20394 SW AUDUBON AVE.
 Address:
 20394 SW AUDUBON AVE

 City-St-Zip:
 DUNNELLON, FL 34431
 City-St-Zip:
 DUNNELLON, FL 34431

Title: MGRM () Delete Title: () Change () Addition

Name:ZARCONE, RICHARDName:Address:4214 HARTFORD LAKE DRIVEAddress:City-St-Zip:TAMPA, FL 33619City-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: MARIA E. CORCORAN MGR 10/26/2007