

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000102139

**FILED**  
**Mar 07, 2014**  
**Secretary of State**

**Entity Name:** THE LAST RESORT PAIN TREATMENT CENTER, LLC

**Current Principal Place of Business:**

3809 OLD 5TH AVENUE  
ZEPHYRHILLS, FL 33542 US

**New Principal Place of Business:**

6507 CRESCENT LAKE DRIVE  
LAKELAND, FL 33813 US

**Current Mailing Address:**

PO BOX 5551  
LAKELAND, FL 33807 US

**New Mailing Address:**

6507 CRESCENT LAKE DRIVE  
LAKELAND, FL 33813 US

**FEI Number:** 20-3684880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKITRICK, W. LANCE DDS, MD  
6507 CRESCENT LAKE DR  
LAKELAND, FL 33813 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: W. LANCE MCKITRICK

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MP  
Name: MCKITRICK, W. LANCE MD  
Address: 6507 CRESCENT LAKE DRIVE  
City-St-Zip: LAKELAND, FL 33813 US

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: W. LANCE MCKITRICK

MP

03/07/2014

Electronic Signature of Authorized Person

Date