

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000110470

FILED
Jun 25, 2009
Secretary of State

Entity Name: FLORIDA PAIN PHYSICIANS, LLC

Current Principal Place of Business:

132 BENMORE DRIVE
WINTER PARK, FL 32792

New Principal Place of Business:

652 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

1138 JEFFERSON DRIVE
ATLANTA, GA 30350

New Mailing Address:

2550 WINDY HILL ROAD
SUITE 215
MARIETTA, GA 30067

FEI Number: 20-5846750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WINDSOR, ROBERT
P. O. BOX 670308
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

WINDSOR, ROBERT
652 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701 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: ROBERT E. WINDSOR, MD

06/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: WINDSOR, ROBERT E
Address: 1138 JEFFERSON DRIVE
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WINDSOR, ROBERT E
Address: 2550 WINDY HILL ROAD, #215
City-St-Zip: MARIETTA, GA 30067 US

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: ROBERT E. WINDSOR

MGR

06/25/2009

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