2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2009
Secretary of State

DOCUMENT# L07000054307

Entity Name: BCMD PAIN MANAGMENT, PLLC

Current Principal Place of Business:

6586 HYPOLUXO RD
STE 334
LAKE WORTH, FL 33437

New Principal Place of Business:

Current Mailing Address:

6586 HYPOLUXO RD
STE 334
LAKE WORTH, FL 33437

New Mailing Address:

FEI Number: 26-1619141 **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:

STEPHEN A. CAMERON, P.A.
28 W FLAGLER ST
STE 202
MIAMI, FL 33130 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: STEPHEN A. CAMERON, P.A.
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BLAINE, CAMERON
Address: 6513 MARBLETREE LANE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-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: BLAINE CAMERON MGRM 10/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date