

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000079436

FILED
Jun 23, 2009
Secretary of State

Entity Name: SOUTHEAST FLORIDA PAIN MANAGEMENT LLC

Current Principal Place of Business:

41 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

41 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 22-3967140 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CARPENTER, DAVID M
41 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33334 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: DAVID CARPENTER

06/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARPENTER, DAVID M SR
Address: 41 E COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33334

Title: S () Delete
Name: CARPENTER, DAVID M SR
Address: 41 E COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33334

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 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: DAVID CARPENTER

S

06/23/2009

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