

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000004816

**FILED**  
**Dec 21, 2009**  
**Secretary of State**

**Entity Name:** ADVANCED PAIN MEDICINE AND REHAB, PLLC

**Current Principal Place of Business:**

14000 MILLITARY TRAIL  
210  
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

14000 MILITARY TRAIL  
210  
DELRAY BEACH, FL 33484 US

**Current Mailing Address:**

14000 MILLITARY TRAIL  
210  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

14000 MILITARY TRAIL  
210  
DELRAY BEACH, FL 33484 US

**FEI Number:** 30-0458231 **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:**

ALSHON, JOSEPH J DR  
14610 MILITARY TRAIL  
G2  
DELRAY BEACH, FL 33484 US

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

ALSHON, JOSEPH J DR  
14000 MILITARY TRAIL  
210  
DELRAY BEACH, FL 33484 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: DR. JOSEPH J. ALSHON, D.O.

12/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALSHON, JOSEPH J D.O.  
Address: 14610 MILITARY TRAIL, STE. G2  
City-St-Zip: DELRAY BEACH, FL 33484 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALSHON, JOSEPH J D.O.  
Address: 14610 MILITARY TRAIL, SUITE 210  
City-St-Zip: DELRAY BEACH, FL 33484 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: JOSEPH J. ALSHON, D.O.

DR.

12/21/2009

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