

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000059242

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** THE PAIN MANAGEMENT INSTITUTE LLC

**Current Principal Place of Business:**

2785 S. BAY ST., STE A  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

2785 S. BAY ST., STE A  
EUSTIS, FL 32726

**New Mailing Address:**

**FEI Number:** 26-2814680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANFLINK, NATHAN J  
2785 S. BAY ST., STE A  
EUSTIS, FL 32726 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:** NATHAN HANFLINK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HANFLINK, NATHAN JOSHUA  
**Address:** 2785 S. BAY ST., STE A  
**City-St-Zip:** EUSTIS, FL 32726

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 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:** NATHAN HANFLINK

MGR

03/02/2012

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