## 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000075691

Entity Name: NEUROLOGY, PAIN AND HEADACHE OF CENTRAL FLORIDA, LLC

**FILED** Sep 06, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

295 PATTERSON ROAD 295 PATTERSON ROAD HAINES CITY, FL 33844

US 103

HAINES CITY, FL 33844 US

**Current Mailing Address: New Mailing Address:** 

311 CLYDE PLACE 295 PATTERSON ROAD

**DUBLIN, GA 31021** US HAINES CITY, FL 33844 US

FEI Number: 26-3125830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

AMERICAN SAFETY COUNCIL, INC. ZHEIMAN, MIRVAT 5125 ADANSON ST. 295 PATTERSON ROAD SUITE 500 103 ORLANDO, FL 32804 US HAINES CITY, FL 33844 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: MIRVAT ZHEIMAN 09/06/2010

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

MGRM

ZHEIMAN, MARWAN Name:

Address: 295 PATTERSON ROAD, STE 103 City-St-Zip: HAINES CITY, FL 33844 US

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 Statues.

SIGNATURE: MARWAN ZHEIMAN 09/06/2010 **MGRM**