

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000036014

FILED
Feb 09, 2011
Secretary of State

Entity Name: ALLEN INVESTORS AND PAIN CLINIC CO, LLC

Current Principal Place of Business:

7229 N. DALE MABRY HWY
SUITE # 8
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7229 N. DALE MABRY HWY
SUITE # 8
TAMPA, FL 33614

New Mailing Address:

FEI Number: 35-2362941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, TIMOTHY OWNER
17304 CHENANGO LN
TAMPA, FL 33647 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: TIMOTHY ALLEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ALLEN, TIMOTHY QWNER
Address: 7229 N DALE MABRY HWY #8
City-St-Zip: TAMPA, FL 33614

Title: MGRM
Name: ALLEN, PATRICE D
Address: 7229 N. DALE MABRY HWY #8
City-St-Zip: TAMPA, FL 33614

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: TIMOTHY ALLEN

MGR

02/09/2011

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