

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000082146

FILED
Aug 28, 2013
Secretary of State

Entity Name: INTERVENTIONAL PAIN SOLUTIONS, LLC

Current Principal Place of Business:

815 SE 1ST AVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6455
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 27-0836587

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:

PRESTIGE NATIONWIDE LLC
815 SE 1ST AVE
HALLANDALE BEACH, FL 33009 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: JON GRAND

08/28/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PRESTIGE NATIONWIDE , LLC
Address: 815 SE 1ST AVE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGRM
Name: JCPIPS , LLC
Address: 8929 SE BRIDGE RD
City-St-Zip: HOBE SOUND, FL 33455

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: JON GRAND

MM

08/28/2013

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