

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000052024

FILED
Nov 28, 2011
Secretary of State

Entity Name: AXIOM PAIN MANAGEMENT, LLC

Current Principal Place of Business:

2160-1 DUNN AVENUE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

2160-1 DUNN AVENUE
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 27-2622486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIVEDI, SANJAY
324 FENWICK LN
ST JOHNS, FL 32259 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: SANJAY TRIVEDI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TRIVEDI, SANJAY
Address: 624 FENWICK LANE
City-St-Zip: ST JOHNS, FL 32259 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 Statutes.

SIGNATURE: SANJAY TRIVEDI

MGRM

11/28/2011

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