

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000109301

FILED
Nov 03, 2012
Secretary of State

Entity Name: SOLARUS PAIN AND ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

2743 NE 20TH CT
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

1881 NE 26TH ST
SUITE 60
FORT LAUDERDALE, FL 33303

Current Mailing Address:

2743 NE 20TH CT
FORT LAUDERDALE, FL 33305

New Mailing Address:

12240 NW 28TH CT
SUNRISE, FL 33323

FEI Number: 27-3721050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLAIN, WILLIAM DR.
2743 NE 20TH CT
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

MCCLAIN, WILLIAM DR.
12240 NW 28TH CT
SUNRISE, FL 33323 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: DR. WILLIAM MCCLAIN

11/03/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MCCLAIN, WILLIAM
Address: 12240 NW 28TH CT
City-St-Zip: SUNRISE, FL 33323 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: WILLIAM MCCLAIN

DR

11/03/2012

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