

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000130155

FILED
Nov 06, 2014
Secretary of State

Entity Name: KENDALL PAIN CENTER, LLC

Current Principal Place of Business:

11760 SW 40 ST THE ATRIUM MEDICAL OFFICE
SUITE 411
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

11760 SW 40 ST THE ATRIUM MEDICAL OFFICE
SUITE 411
MIAMI, FL 33175 US

New Mailing Address:

FEI Number: 27-4343172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULTAN, HASHEM
11760 SW 40 ST THE ATRIUM MEDICAL OFFICE
SUITE 411
MIAMI, FL 33175 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: HASHEM SULTAN

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM

Name: SULTAN, HASHEM

Address: 11760 SW 40 ST THE ATRIUM MEDICAL STE 411

City-St-Zip: MIAMI, FL 33175 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: HASHEM SULTAN

DR.

11/06/2014

Electronic Signature of Authorized Person

Date