

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000016749

FILED
Jan 27, 2014
Secretary of State

Entity Name: UNITY PAIN AND INJURY CENTER LLC"

Current Principal Place of Business:

1226 N PINE HILLS RD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1226 N PINE HILLS RD
ORLANDO, FL 32808

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOMOND, LHERISSON
2303 LUCAYA LN
APT E 2
COCONUT CREEK, FL 33066 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: DOMOND LHERISSON

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: LHERISSON, DOMOND
Address: 2303 LUCAYA LN
City-St-Zip: COCONUT CREEK, FL 33066

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: DOMONND LHERISSON

MGRM

01/27/2014

Electronic Signature of Authorized Person

Date