

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000004930

FILED  
Nov 06, 2007  
Secretary of State

Entity Name: NATIONAL INSTITUTE OF PAIN INC.

## Current Principal Place of Business:

840 111TH AVE  
NAPLES, FL 34108

## New Principal Place of Business:

4911 VAN DYKE RD  
LUTZ, FL 33558

## Current Mailing Address:

840 111TH AVE  
NAPLES, FL 34108

## New Mailing Address:

4911 VAN DYKE RD  
LUTZ, FL 33558

FEI Number: 20-4847478      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BLUMBERG EXCELISOR CORPORATE SERVICES INC  
4435 OLD WINTER GARDEN RD  
ORLANDO, FL 32811 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: MARC MOEL, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PERGOLIZZI, JOSEPH V JR  
Address: 4840 SYCAMORE DR  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: PANCHAL, SUNIL  
Address: 11813 SHIRE WYCLIFFE CT  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete  
Name: PERGOLIZZI, JOSEPH V  
Address: 8208 18TH AVE SUITE 1  
City-St-Zip: BROOKLYN, NY 112142901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNIL J. PANCHAL, M.D.

PRES

11/06/2007

Electronic Signature of Signing Officer or Director

Date