

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000004930

FILED
Feb 11, 2009
Secretary of State

Entity Name: NATIONAL INSTITUTE OF PAIN INC.

Current Principal Place of Business:

4911 VAN DYKE RD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

4911 VAN DYKE RD
LUTZ, FL 33558

New Mailing Address:

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:

Name and Address of New Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: JOSE MOHICA

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: D (X) Change () Addition
Name: PANCHAL, SUNIL
Address: 11940 ROYCE WATERFORD CIRCLE
City-St-Zip: TAMPA, FL 33626

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

02/11/2009

Electronic Signature of Signing Officer or Director

Date