

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV 15 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000362

1. Corporation Name

DADE COUNTY PAIN SOCIETY, INC.

Principal Place of Business

Mailing Address

9150 S.W. 87TH AVENUE  
SUITE 107  
MIAMI FL 33176

9150 S.W. 87TH AVENUE  
SUITE 107  
MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/20/1998	
City & State		City & State		5. FEI Number	
Zip		Country		24016837-7	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See 607.0605, F.S.</small>	

REINSTATEMENT 99A

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PRES	YOHAM, MARY A, MSN, ARNP	10550 SW 103 AVE / 10550 SW 103 Ave.	MIAMI FL 33176
SECRET	ZBIK, ALBERT, Psy.D.	8360 SW 150 ST STE 150 / 9150 S.W. 87 Ave., #1407	MIAMI FL 33176
	Ray, Albert, MD.	10550 S.W. 103 Ave.	Miami, FL 33176
			400003060224--3 -12/03/99--01017--021 ###236.25 ###236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
YOHAM, MARY A 10550 SW 103 AVE MIAMI FL 33176	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.  
Signature of Registered Agent: Mary A. Yoham Date: 10/18/99  
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: Albert Zbik, Psy.D. Date: 10/18/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: 305-412-0005