

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000020805

FILED
Feb 01, 2012
Secretary of State

Entity Name: NEUROLOGICAL/NEUROSURGICAL PAIN MANAGEMENT CENTER, INC.

Current Principal Place of Business:

8390 WEST FLAGLER ST
#107
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8390 WEST FLAGLER ST
#107
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0985841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERSHANIK, RICHARD O
8390 WEST FLAGLER ST
#107
MIAMI, FL 33144 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: RICHARD O GERSHANIK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: GERSHANIK, RICHARD O
Address: 8390 WEST FLAGLER ST, #107
City-St-Zip: MIAMI, FL 33144

Title: V
Name: GERSHANIK, DAVID M
Address: 8390 WEST FLAGLER ST, #107
City-St-Zip: MIAMI, FL 33144

Title: T
Name: GERSHANIK, MARIA A
Address: 8390 WEST FLAGLER ST 107
City-St-Zip: MIAMI, FL 33144

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD O GERSHANIK

PSD

02/01/2012

Electronic Signature of Signing Officer or Director

Date