

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 22 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051533

1. Corporation Name

Institute of Pain Management, P.A.

300024025403
10/22/03--01069--020 **150.00

2. Principal Office Address

820 Prudential Dr.

Suite, Apt. #, etc.

Suite 111

City & State

Jacksonville, FL

Zip

32207

Country

Duval

3. Mailing Office Address

820 Prudential Dr.

Suite, Apt. #, etc.

Suite 111

City & State

Jacksonville, FL

Zip

32207

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/2000

5. FEI Number

59-3649097

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Briley, D. Randall

Street Address (P.O. Box Number is Not Acceptable)

135 Professional Drive

Suite, Apt. #, Etc.

Suite 101

City

Ponte Vedra Beach

State

FL

Zip Code

32082

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

D. Randall Briley
REGISTERED AGENT MUST SIGN

Date

10/9/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.	Florete, Orlando G., Jr.	820 Prudential Drive - Suite 111	Jacksonville, FL 32207

10. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORLANDO G. FLORETE

10/9/03

Date

904-306-9860

Daytime Phone #

21 10/27

CR2E081 (10/02)

Institute of Pain Management, P. A.

Orlando G. Florete, Jr., M.D., Director

Jawed Hussain, M.D.

Perry Cole, M.D.

Roberto Saucedo, M.D.

Dennis George, M.D.

Bernard Canlas, M.D.

Alexander Pujol, P.A.-C.

T. C. Drake, P.A.-C.

Raphael Reyes, P.A.-C.

Loubens Jean-Louis, P.A.-C.

10/16/03

Division of Corporations

Annual Report/Reinstatement Section

PO Box 6327

Tallahassee, Fl. 32314-6327

Re: Document # P00000051533

Institute of Pain Management, P.A.

Dear Sirs:

We did not receive our original Uniform Business Report notices and are requesting reinstatement without penalty.

Sincerely,


Orlando G. Florete, President