PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 24 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000058226**

1. Corporation Name

METROPOLITAN PAIN MANAGEMENT CENTER, INC.

Principal Place of Business	Mailing Address
4130 SALISBURY RD.. STE. 1400 JACKSONVILLE FL 32216	4130 SALISBURY RD.. STE. 1400 JACKSONVILLE FL 32216

REINSTATEMENT 02

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
4063 Salisbury Rd.	4063 Salisbury Rd
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.: 206
City & State: Jacksonville, FL	City & State: Jacksonville FL
Zip: 32216 Country: USA	Zip: 32216 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/01/2000

5. FEI Number: 59-3646938 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SALAHI, ISMAIL D.O.	8787 SOUTHSIDE BLVD. #5711	JACKSONVILLE FL 32256

000008574320
10/24/02--01093--007 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SALAHI, ISMAIL D.O. 4130 SALISBURY ROAD SUITE 1400 JACKSONVILLE FL 32216	Name: ISMAIL SALAHI, D.O. Street Address (P.O. Box Number is Not Acceptable): 4063 Salisbury Rd Suite, Apt. #, Etc.: # 206 City: Jacksonville State: FL Zip Code: 32216

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 10/22/02

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.

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/22/02 Daytime Phone #: 904 296-3611