PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 14 PM 2:42

DOCUMENT # P00000062652

1. Corporation Name
PAIN MEDICAL CENTER, INC.

600023752976
10/13/03--01078--013 **750.00
REINSTATEMENT 03
10/14 @

2. Principal Office Address	3. Mailing Office Address
2639 N. ANDREWS AVE	16500 COLLINS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1852
City & State: FT LAUDERDALE FL	City & State: SUNNY ISLES FL
Zip: 33311 Country: USA	Zip: 33160 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/27/00

5. FEI Number: 65-0197111 — Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent

Name: ROSENSCHTEIN, ALEXANDER
Street Address (P.O. Box Number is Not Acceptable): 16500 COLLINS AVE
Suite, Apt. #, Etc.: 1852
City: FT LAUDERDALE State: FL Zip Code: 33311

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: X A. Rosenschtein Date: 10/8/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PSD	ROSENSCHTEIN, ALEXANDER	16500 COLLINS AVE 1852	SUNNY ISLES FL 33160

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: X A. Rosenschtein Date: 10/8/03 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR