

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000115046

**FILED**  
**May 17, 2012**  
**Secretary of State**

**Entity Name:** THE GUTMAN PAIN/ACCIDENT CENTER, INC.

**Current Principal Place of Business:**

711 W. COLONIAL DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

3208 E COLONIAL DR.  
208  
ORLANDO, FL 32803 US

**Current Mailing Address:**

711 W. COLONIAL DRIVE  
ORLANDO, FL 32804

**New Mailing Address:**

3208 E COLONIAL DR.  
208  
ORLANDO, FL 32803 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUTMAN, ROBERT  
711 W. COLONIAL DRIVE  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

GUTMAN, ROBERT  
3208 E. COLONIAL DR.  
208  
ORLANDO, FL 32803 US

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: ROBERT GUTMAN

05/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GUTMAN, ROBERT  
Address: 3208 E. COLONIAL DR. #208  
City-St-Zip: ORLANDO, FL 32803 US

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: ROBERT GUTMAN

P

05/17/2012

Electronic Signature of Signing Officer or Director

Date