# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 18, 2005**
**Secretary of State**

DOCUMENT# P01000037897

**Entity Name:** ST. LUCIE PAIN CENTER, INC.

**Current Principal Place of Business:**

5 HARVARD CIRCLE
W PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

5 HARVARD CIRCLE
W PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number: 65-1098705** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WEISS, ANDREW D
5 HARVARD CIRCLE
W PALM BEACH, FL 33409 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: ANDREW D. WEISS, M.D.
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: WEISS, ANDREW D
Address: 15 CAMBRA RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: WEISS, ANDREW D
Address: 8076 TWIN LAKE DRIVE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANDREW D. WEISS, M.D. DP 11/18/2005
Electronic Signature of Signing Officer or Director Date