

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 9:11

DOCUMENT # P01000037897

1. Corporation Name

ST. LUCIE PAIN CENTER, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03



600016680726

04/22/03--01072--011 \*\*758.75

Principal Place of Business

1591 SE PT. ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952

Mailing Address

1591 SE PT. ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5 HARVARD CIRCLE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5 HARVARD CIRCLE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/13/2001

5. FEI Number

65-1098705

Applied For

Not Applicable

City & State

W PALM BEACH, FL

City & State

W PALM BEACH, FL

Zip

33409

Country

USA

Zip

33409

Country

USA

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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	ROBBINS, STEVEN L ESQ.	11911 US HWY. ONE, SUITE 306	N. PALM BCH FL 33408
D	ANDREW D. WEISS	15 CAMBRIA RD PALM BEACH GARDENS	
P	ANDREW D. WEISS	FL 33418	

600016680726  
05/28/03--01043--007 \*\*150.00

8. Name and Address of Current Registered Agent

ROBBINS, STEVEN L ESQ.  
11911 US HWY. ONE, SUITE 306  
N. PALM BCH FL 33408

9. Name and Address of New Registered Agent

Name ANDREW D. WEISS  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 5 HARVARD CIRCLE  
City WEST PALM BEACH State FL Zip Code 33409

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

4/7/03

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

Daytime Phone #

4/7/03

CR2E040 (9/02)