2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2005
Secretary of State

DOCUMENT# P01000065990

Entity Name: OSMIN A. MORALES, M.D., P.A.

Current Principal Place of Business:

6129 SOUTHWEST 70TH STREET
MIAMI, FL 33143

New Principal Place of Business:

6129 SOUTHWEST 70TH STREET
MIAMI PAIN CLINIC
MIAMI, FL 33143

Current Mailing Address:

6129 SOUTHWEST 70TH STREET
MIAMI, FL 33143

New Mailing Address:

6129 SOUTHWEST 70TH STREET
MIAMI PAIN CLINIC
MIAMI, FL 33143

FEI Number: 65-1125377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, OSMIN A M.D.
2525 S.W. 75TH AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

MORALES, OSMIN A M.D.
6129 SW 70 STREET
MIAMI PAIN CLINIC
MIAMI, FL 33143 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: OSMIN A. MORALES 10/11/2005
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: D ( ) Delete
Name: MORALES, OSMIN A M.D.
Address: 2525 SW 75TH AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: MORALES, OSMIN A M.D.
Address: 6129 SW 70 STREET
City-St-Zip: MIAMI, FL 33143

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: OSMIN A. MORALES,MD MD 10/11/2005
Electronic Signature of Signing Officer or Director Date