

PO1000099064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32310

01/24/05--01044--012 **35.00

L.A. Chang
Q. Cavallotta JAN 27 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Address for Registered Agent
(Name of corporation)

DOCUMENT NUMBER: P01000099064

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Bruce Chaimowitz
(Name of contact person)

Bruce A. Chaimowitz & Associates, P.A.
(Firm/Company)

4800 N. Federal Highway Suite 100E
(Address)

Boca Raton, Florida 33431
(City/state and zip code)

For further information concerning this matter, please call:

Bruce Chaimowitz at (954) 560-4971
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Medical Pain Consultants, Inc.
2. The principal office address: 100 SYKES STREET, Groten, New York, 13073
2127 DRYDEN ROAD, P.O. BOX 640, DRYDEN, NEW YORK 13053
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 10/11/2001 Document number: P01000099064

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Bruce Chaimowitz
5295 Town Center Road #300
Boca Raton, Florida 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bruce Chaimowitz, Bruce A. Chaimowitz & Associates, P.A.
4800 N. Federal Highway Suite 100E
(P.O. Box NOT acceptable)
Boca Raton, Florida 33431

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

RALPH CRTIZ, D.O. PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314