

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000099064

FILED
Nov 28, 2006
Secretary of State

Entity Name: MEDICAL PAIN CONSULTANTS, INC.

Current Principal Place of Business:

2127 DRYDEN RD
PO BOX 640
DRYDEN, NY 13053

New Principal Place of Business:

Current Mailing Address:

2127 DRYDEN RD
PO BOX 640
DRYDEN, NY 13053

New Mailing Address:

FEI Number: 65-1145739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE CHAIMOWITZ & ASSOCIATES, P.A.
BRUCE CHAIMOWITZ
4800 N. FED. HWY., STE. 100E
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

CILMI, JILL
CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALAHASSEE, FL 32301 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: JILL CILMI

11/28/2006

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: PCEO () Delete
Name: ORTIZ, RALPH
Address: 2127 DRYDEN RD
City-St-Zip: DRYDEN, NY 13053

Title: T () Delete
Name: ORTIZ, RALPH
Address: 2127 DRYDEN RD
City-St-Zip: DRYDEN, NY 13053

Title: S () Delete
Name: ORTIZ, RALPH
Address: 2127 DRYDEN RD
City-St-Zip: DRYDEN, NY 13053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RALPH ORTIZ

DR

11/28/2006

Electronic Signature of Signing Officer or Director

Date