

P01000111438

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SECRETARY OF STATE
DIVISION OF CORPORATION
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R.A. Charge
LAF
11-19-03

THEODORE J. SILVER

ATTORNEY AT LAW
FLORIDA BAR NO. 166379

1570 MADRUGA AVENUE
SUITE 216
CORAL GABLES, FLORIDA 33146
TEL (305) 663-1711
FAX (305) 668-5970

November 3, 2003

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Comprehensive Headache & Pain Treatment Center, Inc.
Document No.: P0100011438
Comprehensive Headache & Pain Treatment Center, LLC
Document No.: L01000020220

Dear Sir or Madam:

Enclosed are the following:

1. Corporation Reinstatement;
2. LLC Reinstatement;
3. Statement of Change of Registered Agent for Corporation;
4. Statement of Change of Registered Agent for LLC; and
5. Check for Reinstatements and Change of Registered Agents in the amount of \$1,110.00.

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

Theodore J. Silver, Esquire
1570 Madruga Avenue, Suite 216
Coral Gables, Florida 33146

For further information concerning this matter, please call: Theodore J. Silver, Esquire at 305-663-1711.

Very truly yours,


THEODORE J. SILVER, ESQUIRE

TJS:ms
Enclosures

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Comprehensive Headache & Pain Treatment Center, Inc.

2. The principal office address: 1770 N.E. Miami Gardens Drive

North Miami Beach, FL 33179

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/21/01 Document number: P01000111438

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

Barry Burak, DC

1770 N.E. Miami Gardens Drive

North Miami Beach, Florida 33179

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

Theodore J. Silver, Esq.

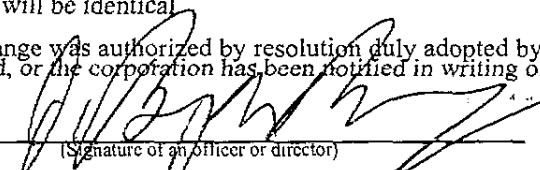
1570 Madruca Avenue, Suite 216

(P.O. Box or personal mailbox NOT acceptable)

Coral Gables, Florida 33146

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 of an officer or director)

Barry Burak DC
(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)

11/3/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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

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