2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# P02000064646

Entity Name: PAIN MANAGEMENT CENTER OF SOUTH DADE, INC.

Current Principal Place of Business:

16120 NW 127 AVE.
HIALEAH, FL 33018

New Principal Place of Business:

8700 NORTH KENDALL DRIVE
SUITE 206
MIAMI, FL 33176

Current Mailing Address:

16120 NW 127 AVE.
HIALEAH, FL 33018

New Mailing Address:

8700 NORTH KENDALL DRIVE
SUITE 206
MIAMI, FL 33176

FEI Number: 03-0045273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIEGO E CORDOVA CPA
8905 SW 87 AVE STE 200
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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: DIEGO E. CORDOVA

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: SABATES, RICARDO
Address: 1000 QUAYSIDE TERRACE STE 607
City-St-Zip: MIAMI, FL 33136

Title: VP ( ) Delete
Name: HALPRIN, PATRICIA
Address: PO BOX 3881
City-St-Zip: FORT LAUDERDALE, FL 33302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SABATES, RICARDO
Address: 4051 S.W 137 AVENUE
City-St-Zip: MIRAMAR, FL 33027

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 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: RICARDO SABATES D 03/04/2005

Electronic Signature of Signing Officer or Director — Date