2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# P02000064662

Entity Name: PAIN MANAGEMENT PARTNERS, INC.

Current Principal Place of Business:

1000 QUAYSIDE TERRACE
SUITE 607
MIAMI, FL 33136

New Principal Place of Business:

4051 S.W 137 AVENEU
MIRAMAR, FL 33027

Current Mailing Address:

1000 QUAYSIDE TERRACE
SUITE 607
MIAMI, FL 33136

New Mailing Address:

4051 S.W 137TH AVENUE
MIRAMAR, FL 33027

FEI Number: 02-0618352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORDOVA, DIEGO E CPA
8905 S.W. 87TH AVENUE
SUITE 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: P ( ) Delete
Name: SABATES, RICARDO MD
Address: 1000 QUAYSIDE TERRACE SUITE 607
City-St-Zip: MIAMI, FL 33136

Title: V ( ) Delete
Name: SABATES, CLAUDIA E
Address: 1000 QUAYSIDE TERRACE SUITE 607
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 P 03/04/2005

Electronic Signature of Signing Officer or Director — Date