

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000083616

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** BACK PAIN INSTITUTE OF WEST FLORIDA, P.A.

**Current Principal Place of Business:**

5221 26TH STREET WEST  
BRADENTON, FL 34207

**New Principal Place of Business:**

**Current Mailing Address:**

5221 26TH STREET WEST  
BRADENTON, FL 34207

**New Mailing Address:**

**FEI Number:** 54-2079134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, BARNES  
3119 MANATEE AVE W  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

POGAN, DAVID B  
3615 4TH AVE NE  
BRADENTON, FL 34208 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: DAVID POGAN

09/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ADERHOLDT, CRAIG S  
Address: 5221 26TH STREET WEST  
City-St-Zip: BRADENTON, FL 34207

I hereby 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 all other like empowered.

SIGNATURE: CRAIG ADERHOLDT

P

09/28/2010

Electronic Signature of Signing Officer or Director

Date