

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000125457 1. Entity Name PAIN MANAGEMENT SPECIALISTS OF NAPLES, INC.			
Principal Place of Business 14856 INDIGO LAKES CIR NAPLES, FL 34119		Mailing Address 14856 INDIGO LAKES CIR NAPLES, FL 34119	
2. Principal Place of Business 664 SOLEIL DR. DR. Suite, Apt. #, etc.		3. Mailing Address 664 SOLEIL DR. DR. Suite, Apt. #, etc.	
City & State NAPLES, FL Zip 34110		City & State NAPLES, FL Zip 34110	
Country		Country	
6. Name and Address of Current Registered Agent CAMPANELLA, RICHARD A 14856 INDIGO LAKES CIR NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 664 SOLEIL DR. City NAPLES FL 34110	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1/6/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMPANELLA, RICHARD A 14856 INDIGO LAKES CIR NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CAMPANELLA, RICHARD A 664 SOLEIL DR. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAMPANELLA, TERRY RD A 14856 INDIGO LAKES CIR NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CAMPANELLA, TERRY RD A 664 SOLEIL DR. NAPLES, FL 34110
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 1/6/05 <small>Daytime Phone #</small>	

FILED

05 JAN 14 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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04-05 WOP

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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