2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 25, 2012
Secretary of State

DOCUMENT# P03000074472

Entity Name: COAST PAIN RELIEF CENTER, INC.

Current Principal Place of Business:

7542 US 1
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

7542 U.S. HWY. 1
PORT SAINT LUCI, FL 34952 US

Current Mailing Address:

7542 US 1
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

7542 U.S. HWY. 1
PORT SAINT LUCI, FL 34952 US

FEI Number: 81-0624119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: ANN R SHILLING
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: FAULHABER, JAMES PRES.
Address: 7542 U.S. HWY. 1
City-St-Zip: PORT SAINT LUCI, FL 34952 US

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: JAMES FAULHABER DR 01/25/2012
Electronic Signature of Signing Officer or Director Date