

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000091667

FILED
Jan 20, 2005
Secretary of State

Entity Name: SOUTH FLORIDA PAIN & REHABILITATION OF FT. LAUDERDALE, P.A.

Current Principal Place of Business:

3462 NORTH UNIVERSITY DRIVE
SUNRISE, FL US

New Principal Place of Business:

3462 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33351 US

Current Mailing Address:

3462 NORTH UNIVERSITY DRIVE
SUNRISE, FL

New Mailing Address:

3462 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33351

FEI Number: 20-0172621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLTON, RICHARD A
801 NORTHEAST 167TH STREET
SECOND FLOOR
NORTH MIAMI BEACH, FL 33162 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: RICHARD BOLTON

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: FEDER, DANIEL S
Address: 18339 NORTHEAST 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP () Delete
Name: ZASLOW, DENNIS B
Address: 2601 SOUTHWEST 37TH AVENUE, SUITE 607
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERIN FEDER

WIFE

01/20/2005

Electronic Signature of Signing Officer or Director

Date