


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000092618 1. Entry Name GABLES PAIN CENTER CORP.	
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FILED
05 DEC -2 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5530 SW 8TH STREET CORAL GABLES, FL 33134	Mailing Address 5530 SW 8TH STREET CORAL GABLES, FL 33134
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2. Principal Place of Business 3990 W. Flagler St. Suite, Apt. #, etc. Suite 305 City & State Miami, FL 33134 Zip 33134	3. Mailing Address 3990 W. Flagler St. Suite, Apt. #, etc. Suite 305 City & State Miami, FL Zip 33134		
Country Dade	Country Dade	4. FEI Number 20-1265874	Applied For <input type="checkbox"/> Not Applicable

12012005 REIN-P CR2E098 (8/04)

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTUONDO, LINA
1041 SW 143RD PL
MIAMI, FL 33184**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code _____

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **12/01/2005**

FILE NOW!! FEE IS \$150.00
 After January 1, 2006, Fee will be \$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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTUONDO, LINA			NAME	200061873122		
STREET ADDRESS	1041 SW 143RD PLACE			STREET ADDRESS	12/05/05--01002--018		**150.00
CITY-STATE-ZIP	MIAMI, FL 33184			CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(ii), 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 in an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* DATE: **12/01/2005**