

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000111798

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

**Entity Name:** PALM BEACH BRAIN AND SPINE SURGERY, P.A.

**Current Principal Place of Business:**

2201 45TH STREET  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

4631 N. CONGRESS AVENUE  
#202  
WEST PALM BEACH, FL 33407 US

**Current Mailing Address:**

2201 45TH STREET  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

4631 N. CONGRESS AVENUE  
#202  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 20-1446049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAUERBERG, ERIC M  
200 VILLAGE SQUARE CROSSING  
SUITE 102  
PALM BEACH GARDENS, FL FL US

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

MENDEZ, KAREN A  
4631 N. CONGRESS AVE.  
SUITE 202  
WEST PALM BEACH, FL FL 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: KAREN MENDEZ

10/11/2005

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: DARE, AMOS O M.D.  
Address: 651 OKEECHOBEE BLVD #810  
City-St-Zip: WEST PALM BEACH, FL 33401 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: KAREN MENDEZ

OM

10/11/2005

Electronic Signature of Signing Officer or Director

Date