2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2010
Secretary of State

DOCUMENT# P05000056772

Entity Name: CARDONA PAIN & ANESTESHIA PROFESSIONAL, INC.

Current Principal Place of Business:

2504 SW NUTCRACKER WAY
PALM CITY, FL 34990

New Principal Place of Business:

601 UNIVERSITY BLVD
SUITE 205
JUPITER, FL 33458

Current Mailing Address:

2504 SW NUTCRACKER WAY
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 38-3721665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DURAN, ROBERTO
1586 S.W. CROSSING CIRCLE
PALM CITY, FL 34990 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: ROBERTO DURAN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: DURAN, ROBERTO
Address: 601 UNIVERSITY BLVD
City-St-Zip: JUPITER, FL 33458

Title: D
Name: CARDONA, GLORIA
Address: 1586 SW CROSSING CR
City-St-Zip: PALM CITY, FL 34990

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: ROBERTO DURAN PRES 10/08/2010
Electronic Signature of Signing Officer or Director — Date