

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000120782

**FILED**  
**Aug 14, 2013**  
**Secretary of State**

**Entity Name:** RELIEF PAIN DIAGNOSTIC CENTER, INC

**Current Principal Place of Business:**

3900 NW 79 AVE.  
SUITE 219  
DORAL, FL 33166

**New Principal Place of Business:**

3900 NW 79 AVE.  
SUITE 807  
DORAL, FL 33166

**Current Mailing Address:**

3900 NW 79 AVE.  
SUITE 219  
DORAL, FL 33166

**New Mailing Address:**

3900 NW 79 AVE.  
SUITE 807  
DORAL, FL 33166

**FEI Number:** 14-1936752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOMEZ, RAMIRO  
3900 NW 79 AVE.  
SUITE 219  
DORAL, FL 33166 US

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

GOMEZ, RAMIRO  
3900 NW 79 AVE.  
SUITE 807  
DORAL, FL 33166 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: RAMIRO GOMEZ

08/14/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: GOMEZ, RAMIRO D  
Address: 3900 NW 79 AVE SUITE 807  
City-St-Zip: DORAL, FL 33166

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: RAMIRO GOMEZ

PDST

08/14/2013

Electronic Signature of Signing Officer or Director

Date