2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 24, 2010
Secretary of State

DOCUMENT# P06000104828

Entity Name: CONSULT CARE PAIN MEDICINE, P.A.

Current Principal Place of Business:

340 W. 23RD STREET
SUITE B
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

340 W. 23RD STREET
SUITE B
PANAMA CITY, FL 32405

New Mailing Address:

CONSULT CARE PAIN MEDICINE, P.A
PO BOX 15547
PANAMA CITY, FL 32401

FEI Number: 87-0790811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHSIN, ATA UI
340 W. 23RD STREET
SUITE B
PANAMA CITY, FL 32405 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: ATA UL MOHSIN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MD
Name: MOHSIN, ATA UI
Address: 340 W. 23RD STREET SUITE B
City-St-Zip: PANAMA CITY, FL 32405

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: ATA UL MOHSIN DR 11/24/2010

Electronic Signature of Signing Officer or Director — Date