2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 12, 2008
Secretary of State

DOCUMENT# P06000123171

Entity Name: ADVANCED SPINAL INSTITUTE OF AMERICA, INC.

Current Principal Place of Business:

20229 NE 15TH CT
MIAMI, FL 33179

New Principal Place of Business:

1920 E HALLANDALE BEACH BLVD
SUITE # 901
HALLANDALE BEACH, FL 33009

Current Mailing Address:

20229 NE 15TH CT
MIAMI, FL 33179

New Mailing Address:

1920 E HALLANDALE BEACH BLVD
SUITE # 901
HALLANDALE BEACH, FL 33009

FEI Number: 20-5630933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIVAK, OLGA DC
20299 NE15TH CT
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

SPIVAK, OLGA DC
1920 E HALLANDALE BEACH BLVD
SUITE # 901
HALLANDALE BEACH, FL 33009 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: OLGA SPIVAK 06/12/2008
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: SPIVAK, OLGA D.C.
Address: 20299 NE 15TH CT
City-St-Zip: MIAMI, FL 33179

Title: VP (X) Delete
Name: FRENKEL, ELLA D.C.
Address: 20299 NE 15TH CT
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change ( ) Addition
Name: SPIVAK, OLGA D.C.
Address: 1920 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: OLGA SPIVAK P. 06/12/2008
Electronic Signature of Signing Officer or Director Date