

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000134358

FILED
Jan 19, 2012
Secretary of State

Entity Name: COAST PAIN RELIEF CENTER / DARWIN SQUARE, INC.

Current Principal Place of Business:

3233 S.W. PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

3233 S.W. PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 20-5760593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: ELIZABETH A. SMITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: FAULHABER, JAMES PRES.
Address: 3233 S.W. PORT ST. LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: JAMES FAULHABER

PRES

01/19/2012

Electronic Signature of Signing Officer or Director

Date