

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000024294

FILED
Apr 15, 2011
Secretary of State

Entity Name: THE CENTER FOR QUALITY PAIN CARE, P.A.

Current Principal Place of Business:

520 S.E. 5TH AVENUE
APT 2513
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

6705 RED RD
SUITE 516
CORAL GABLES, FL 33143

Current Mailing Address:

520 S.E. 5TH AVENUE
APT 2513
FORT LAUDERDALE, FL 33301

New Mailing Address:

PO BOX 879
HALLANDALE BEACH, FL 33008

FEI Number: 26-2135622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBBS, ANDRE M.D.
520 S.E. 5TH AVENUE
APT 2513
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

HOBBS, ANDRE M.D.
1031 S PARK RD
APT 302
HOLLYWOOD, FL 33021 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: ANDRE HOBBS

04/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HOBBS, ANDRE M.D.
Address: 1031 S PARK RD SUITE 302
City-St-Zip: HOLLYWOOD, FL 33021

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: ANDRE HOBBS

PRES

04/15/2011

Electronic Signature of Signing Officer or Director

Date