

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000009838

Entity Name: FREEDOM PAIN CARE, INC.

FILED
Sep 30, 2010
Secretary of State

Current Principal Place of Business:

4101 N ANDREWS AVE SUITE 209
FT LAUDERDALE, FL 33334

New Principal Place of Business:

4101 N ANDREWS AVE SUITE
209
FT LAUDERDALE, FL 33309 US

Current Mailing Address:

4101 N ANDREWS AVE SUITE 209
FT LAUDERDALE, FL 33334

New Mailing Address:

4101 N ANDREWS AVE SUITE
209
FT LAUDERDALE, FL 33309 US

FEI Number: 26-4174778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: SPIEGEL & UTRERA PA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GARCIA, BERNARD MD
Address: 4101 N ANDREWS AVE SUITE 209
City-St-Zip: FT LAUDERDALE, FL 33309 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: BERNARD GARCIA MD

PD

09/30/2010

Electronic Signature of Signing Officer or Director

Date