

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000077935

Entity Name: PAIN THERAPY CENTER, INC.

FILED
Jun 16, 2014
Secretary of State

Current Principal Place of Business:

6501 NW 36 STREET
414
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

Current Mailing Address:

6501 NW 36 STREET
414
VIRGINIA GARDENS, FL 33166

New Mailing Address:

FEI Number: 27-3551782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORGES, GABRIEL O
6501 NW 36 STREET
414
VIRGINIA GARDENS, FL 33166 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: GABRIEL BORGES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BORGES, GABRIEL O
Address: 6501 NW 36 STREET SUITE 414
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: GABRIEL BORGES

PRES

06/16/2014

Electronic Signature of Signing Officer or Director

Date