2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 04, 2014
Secretary of State

DOCUMENT# P12000016657

Entity Name: SOUTH FLORIDA NEUROPATHY CENTER, INC

Current Principal Place of Business:

3233 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3233 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 45-4780632 **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: D
Name: FAULHABER, JAMES
Address: 7542 S. US HIGHWAY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

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 D 02/04/2014

Electronic Signature of Signing Officer or Director — Date