

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000023510

**FILED**  
**Oct 24, 2014**  
**Secretary of State**

**Entity Name:** MIAMI HEADACHE CLINIC, P.A.

**Current Principal Place of Business:**

3850 BIRD RD SUITE 303  
MIAMI, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

3850 BIRD RD SUITE 303  
MIAMI, FL 33146

**New Mailing Address:**

**FEI Number:** 45-4749069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KLEIN, BRENT D  
3850 BIRD RD SUITE 303  
MIAMI, FL 33146 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:** BRENT D KLEIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SADEGHI, PAYMAN  
**Address:** 10565 KATY FREEWAY SUITE 305  
**City-St-Zip:** HOUSTON, TX 77024

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:** PAYMAN SADEGHI

D

10/24/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date