

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000088196

**FILED**  
**Oct 16, 2014**  
**Secretary of State**

**Entity Name:** ORLANDO SPINE & RECOVERY CENTER INC

**Current Principal Place of Business:**

3239 OLD WINTER GARDEN RD  
SUITE 10  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

**Current Mailing Address:**

811 DEAUVILLE DR  
# 585505  
ORLANDO, FL 32858 US

**New Mailing Address:**

**FEI Number:** 46-3982190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOHAMMED, SHAM  
811 DEAUVILLE DR  
#585505  
ORLANDO, FL 32858 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: SHAM MOHAMMED

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOHAMMED, SHAM  
Address: 811 DEAUVILLE DR #585505  
City-St-Zip: ORLANDO, FL 32858 US

Title: VP  
Name: MOHAMMED, SHAM  
Address: 811 DEAUVILLE DR #585505  
City-St-Zip: ORLANDO, FL 32858 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: SHAM MOHAMMED

P

10/16/2014

Electronic Signature of Signing Officer or Director

Date