

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000005603

FILED
Dec 07, 2004
Secretary of State

Entity Name: FLORIDA PAIN INSTITUTE, INC.

Current Principal Place of Business:

2808 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2808 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 65-0384072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, MYRNA I
2808 W MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

FLYNN, GREGORY T
2808 W MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607 US

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: GREGORY T. FLYNN, M.D.

12/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLYNN, MYRNA DEJESUS
Address: 2808 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: FLYNN, GREGORY T M.D.
Address: 2808 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FLYNN, GREGORY T M.D.
Address: 2808 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: FLYNN, MYRNA I
Address: 2808 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGORY T. FLYNN, M.D.

PRES

12/07/2004

Electronic Signature of Signing Officer or Director

Date