2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 14, 2005
Secretary of State

DOCUMENT# P93000005603

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:

POST OFFICE BOX 152199
TAMPA, FL 33684 US

FEI Number: 65-0384072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, GREGORY T
2808 W MARTIN LUTHER KING JR BLVD
TAMPA, FL 33607 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: GREGORY T FLYNN, M. D.
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FLYNN, MYRNA I
Address: 3314 JEAN CIRCLE
City-St-Zip: TAMPA, FL 33629 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 12/14/2005
Electronic Signature of Signing Officer or Director Date