PLEASE READ ALL INSTRUCTIONS BEFORE COMP

**FILED**
**May 02, 2000 8:00 am**
**Secretary of State**

**CORPORATION**
98-2000
UBR

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008711

**1.** Corporation Name

Florida Pain Management, Inc.

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 5990 54th Ave North | | 5990 54th Ave North | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| St. Petersburg, FL | | St. Petersburg, FL | |
| Zip | Country | Zip | Country |
| 33709 | U.S. | 33709 | U.S. |

**4.** Date Incorporated or Qualified To Do Business in Florida: 02/02/1995

**5.** FEI Number: 59-3291895 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

**7.** *Name and Address of Current Registered Agent*

Name: Kazi M. Hassan

Street Address (P.O. Box Number is Not Acceptable): 5990 54th Ave North

Suite, Apt. #, Etc.:

500003282995--9
06/09/00--01077--022
****458.75 ****458.75

| City | State | Zip Code |
|---|---|---|
| St. Petersburg | FL | 33709 |

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 04/27/2000

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

**9.** *Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)*

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| Pres. | Kazi M. Hassan, M.D. | 5990 54th Ave North | St. Petersburg, FL 33709 |
| V.P. | " " | " " | " " |
| Sec/Tres. | " " | " " | " " |
| | | | |
| | | | |
| | | | |

**10.** I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indic on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:** Kazi Hassan 04/27/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime P

# FLORIDA PAIN MANAGEMENT

*A Comprehensive Pain Management Center*

FLORIDA PAIN MANAGEMENT

K. HASSAN, MD
Board Certified
Anesthesiology
Pain Management

Z. HOSSAIN, MD
Board Certified
Anesthesiology
Pain Management

5990 - 54th Avenue N.
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FL 33709
TEL: (727) 545-1270
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TEL: (727) 723-7773
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email: fpm@idnsi.net

April 26, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Reinstatement
Florida Pain Management, Inc
Document # P95000008711
FEI # 59-3291895

Thank you for responding so quickly. I was unaware that my corporation had been involuntarily dissolved. I relocated my office in May of 1997 and I never received the UBR form.
As per our conversation with Keckel on 4-20-2000, she stated that a check in the amount of $450.00 would be required to reinstate Florida Pain Management, Inc.
I have enclosed check # 4113 in the amount of $458.75. $450.00 for the reinstatement fee and $8.75 for a Certificate of Status. If you are in need of any further information, please let me know.

Sincerely,

Kazi M. Hassan, M.D.