OCCUMENT # P950000 78 28 4 Corporation Name CORIDA PAIN MANAGEMENT PHYSICIANS, P. 96 NOV -4, PM 3: 38 ailing Address PO BOX 1209 Principal Place of Business NEW PORT RICHEY FL 34652 It above addresses are incorrect in any way, line through Incorrect Information and enter correction below. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable 3. New Principal Office Address, If Applicable 4. Date incorporated or Qualified To Do Business in Floring 12 /95 5. FEI Number 2 -2-26 (Applied For			•		,					
APPLICATION FOR REINSTATEMENT OCCUMENT # POSCOOT 8 38 4 Corporation Number of Mark Post of Business New York RUNG FLAT New York RUNG FLAT OCT RUNG FLAT New York		DI FACE D				1-17-12 ST 18-28	The state of the species			
Comparison Name and Address of Current Registered Agent Supplement Agence Supple	PLEASE READ ALL INSTRUCTIONS BEFORE C APPLICATION FOR FLORIDA DEPARTMENT OF STATE						SECRETALED			
above addresses are incorrect in any way, line through incorrect information and enter correction below. A. Dali Incorporated of Country A. Dali Incorporated A.	OCL	JMENT # P9500 Jion Name LURIDA PAIL	00078284 N MANAGEMEN	NT PHYSICI	ANS, P.A.	96	NOV -4 PM 3:	Yors 38		
New Maining Address, II Applicable 3. New Principal Office Address, II Applicable 5. Suite, Apt. #, etc. Suite,	ailing Addi	NEW PORT RICH	209 Principal Pl MFY, FL 34656	ace of Business 5243 Hi NEW PORT K	ANFF LANG PLHFY FL 34652					
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc.	If above addresses are incorrect in any way, line through Incorrect Information and enter correction below. 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable						orated or Qualified	S SPACE	+ 1 (3)	
Names and Street Addresses of Each Officer and/or Director (Florida nosporiti corporations must list at least 3 directors) Names and Street Addresses of Each Officer and/or Director (Florida nosporiti corporations must list at least 3 directors) Signal Addresses of Each Officer and/or Directors (Florida nosporiti corporations must list at least 3 directors) Signal Addresses of Each Officer and/or Directors (Florida nosporiti corporations must list at least 3 directors) Signal Addresses of Each Officer and/or Directors (Florida nosporiti corporations must list at least 3 directors) Signal Addresses of Each Officer and/or Directors (Florida nosporiti corporations) BRWLE R ERNST SITUATION OF BRINGS (Florida Nosporiti Corporations) BRWLE R ERNST SUBJ HANF LANG Name Street Address of North Registered Agent Name Street Address (Florida North North Registered Agent) Name Street Address (Florida North North Registered Agent) Street Address (Florida North North Registered Agent) Name Street Address (Florida North Registered Agent) Name Street Address (Florida North North Registered Agent) Name Street Address of North Registered Agent Name Street Address (Flor							יואוןסן			
Names and Street Addresses of Each Officer and/or Directors Title(s) REVIEW	City & State City & State			9		11-3	193786	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
River and/or Directors 3 (No NOT Use Post Office Bost Numbers) 4 (City / State / Zp. 5 (No NOT Use Post Office Bost Numbers) 5 (No NOT Use Post Office Bost Numbers) 6 (No NOT Use Post Office Bost Numbers) 7 (No NOT Use Post Office Bost Numbers) 8 (No NOT Use Post Office Bost Numbers) 8 (No NOT Use Post Numbers) 8 (No Not Numbers) 8 (No No Numbers of Not Acceptable) 9 (No Not Acceptable) 9 (No Not Numbers of Not Acceptable) 9 (No Not	p	Country	Zip	Country		, -·	OF STATUS DESIRED	State Addition to the state of		
ON NOT Use Post Office and Exposors) BRUCE R ERNST ON NOT Use Post Office Po	Names a				•••		140	N. WAS PERSON	\$ 1955 1	
Discording 200 11/08/95-01041 - 003 **********************************	Fitle(s)	and/or Dire	ctors	Officer and/or Directo		i.	4	State / Zip		
8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name 8. Name and Address of New Registered Agent 8. Name 8. Name and Address of New Registered Agent 8. Name 8. Name 8. Name and Address of New Registered Agent 8. Name 8. Name 8. Name and Address of New Registered Agent 8. State Registered Agent 9. State Registered Agent 8. State Registered Agent 9. State R	RES	BRUCE IT E	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	NEW PO	RT RICH	SYLSA	NEW YOR!	NZHEY FL	653	
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent RRVCE R ERNST Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable in Street Is Not Acceptable in Stre		444			:					
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State: Zip Code FL Only State: Zip Code On	•				,		-11/08/96	-01041003		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State: Zip Code FL Only REGISTERED AGENT MUST SIGN 1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box Registered Agent 2. Does this corporation pay any intangible tax to the. Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Registered Status on Intangible tax to the lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(h) in the event that the Information supplied is deemed exempt from public acceptable to the corporation of the registered registered is deemed exempt from public acceptable to the corporation of the tops of the fluorester of under or of director or the tops of the trustee empowered to execute this application as provided for in chapter 60 or of 17, FS, I further comply that the information supplied is deemed exempt from public acceptable to the corporation have been paid. The information located on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. IGNATURE:							4		(L.)	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State: Zip Code FL In being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.B. Pagistered Agent				·		e ej i i				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State: Zip Code FL Only REGISTERED AGENT MUST SIGN 1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box Registered Agent 2. Does this corporation pay any intangible tax to the. Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Registered Status on Intangible tax to the lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(h) in the event that the Information supplied is deemed exempt from public acceptable to the corporation of the registered registered is deemed exempt from public acceptable to the corporation of the tops of the fluorester of under or of director or the tops of the trustee empowered to execute this application as provided for in chapter 60 or of 17, FS, I further comply that the information supplied is deemed exempt from public acceptable to the corporation have been paid. The information located on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. IGNATURE:			· · · · · · · · · · · · · · · · · · ·	<u> </u>			2.000		3.75 3.84	
Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State: Zip Code FL In being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.B. Parature of gistered Agent Ag						i de la companya de La companya de la companya de l			選出	
I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.8. In an accept the obligations of Section 607.0505, F.8. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box. See other side for additional information. See other side for information on intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes is release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public accepts that I am an office or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.8. I furnishe 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.8. and that a less owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it mad under oath. IGNATURE:	8. Name and Address of Current Registered Agent Name									
I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.8. In a property of the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.8. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box. See other side for additional information. See other side for information additional information pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public accesses the Division of Original Section of the corporation as provided for in chapter 607 or 617, F.5.; Floridae Statutes in the section 119.07(3)(k) in the event that the information supplied is deemed exempt from public accesses the Original of the corporation has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401; F.S., and that a loss owed by the corporation have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as it mad under oath. IGNATURE:	0	RUCE R CRIVE	LANF	•	Street Address (F		Is Not Acceptable)	25 1900年4月1日 提出中华东亚州中华		
gnature of postered Agent 1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box See other side for additional information pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No No No No N	5°0	CU PROT RIC	HEY FI	-1./	Suite, Apt. #, Etc.		A CAN MARKET	anner i Cambille Friedricht Gestalle		
ngistered Agent Date Page Page	//	EW PORT I'M	7 / -	34652	City		S	ate Zip Code		
1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box. See other side for additional information. Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Souther side for information on intangible tax.) I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. It is lease the Division of Corporations from any liability of non-cumpliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, certify that I am an officer or director or the roceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that a fees owed by the corporation for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that a fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. IGNATURE:	nature of	i a a a c	X	\$ ·	h and accept the ol	oligations of Secti	on 607.0505, F.8.	1/96		
2. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No See other side for Information Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No No Intendible tax.) 1. Ide hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, certify that I am an officer or director or the roceiver 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 60/0401 or 617.0401; F.S. and that a condition of the same legal effect as if med under oath. 1. Condition of the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if med under oath. 1. Condition of the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if med under oath.	1. If ti	his corporation is a	_		3) tax exem	not status.	check this box			
I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, 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 unther certify that when thin this reliablement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401; F.S.; and that a fees owed by the corporation have been paid. The information inclinated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. IGNATURE:		<u> </u>	· · · · · · · · · · · · · · · · · · ·			• •	(See other	side for information		
IGNATURE: X B.RG X	l. I do her lease th	reby certify that the information he Division of Corporations from that I am an officer or director o	supplied with this filing in any liability of non-come the receiver or trustee	s voluntarily furnished a pliance with Section 119 amnowered to execute	ind does not qualify 0.07(3)(k) in the even this application as	for the exemption ont that the inform	on stated in Section 119.07 lation supplied is deemed ((3)(k), Florida Statutes.	18. I	
	under d	χ Ω	an paid. The information	Indicated on this appli	cation is true and a	ocurate, and my	signature shall have the I	ume legal effect as film 1/96	lede	
。			ED ON PRINTED IN LINE O	P BIGHING OFFICER ON E	MAECTON (SATISSA)		s - M. P. Date (M. Co.) - G. SAK. Alice (M. Co.) - G. SAK.	Deyline Phone # 4271546	.015%. 3180318	