

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000081838

FILED
Nov 09, 2005
Secretary of State

Entity Name: A-COMPREHENSIVE PAIN AND SPORTS REHABILITATION CARE CENTER, INC.

Current Principal Place of Business:

2001 10TH AVENUE NORTH
STE 2
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

2001 10TH AVENUE NORTH
STE 2
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 65-0700827 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCOTT, ALAN L DC
2001 10TH AVE N
STE 2
LAKE WORTH, FL 33461 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: ALAN L. SCOTT

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: D () Delete
Name: SCOTT, ALAN L D.C.
Address: 2001 10TH AVE N STE 2
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALAN L. SCOTT

Electronic Signature of Signing Officer or Director

D

11/09/2005

Date