CORPORATION REINSTATEMENT

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

FILED
00 DEC 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

500003517185--4

DOCUMENT # P97000096017

1. Corporation Name
S.W. FLORIDA PAIN CENTER, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
1988 Kings Highway	1988 Kings Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33980 Country: USA	Zip: 33980 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/10/97

5. FEI Number: 65-0797144 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. *Name and Address of Current Registered Agent*

Name: Michael R. McKinley, Esquire

Street Address (P.O. Box Number is Not Acceptable): 18401 Murdock Circle

Suite, Apt. #, Etc.:

City: Port Charlotte State: FL Zip Code: 33948-

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 12/28/00
REGISTERED AGENT MUST SIGN

CR2E061 (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
PD	Michael Morales	1988 Kings Highway	PT. Charlotte, FL 33980
VSD	Abelardo E. Acosta	1988 Kings Highway	Pt. Charlotte, FL 33980
AD	Vinod K. Malik	1988 Kings Highway	Pt. Charlotte, FL 33980

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 quality for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: _____ Abelardo E. Acosta 12/28/00 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 948892 81445B

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 758.75

ORDER DATE : December 29, 2000

ORDER TIME : 10:14 AM

ORDER NO. : 948892-005

CUSTOMER NO: 81445B

CUSTOMER: Michael R. Mckinley, Esq
Batsel Mckinley Ittersagen
18401 Murdock Circle

Port Charlotte, FL 33948

DOMESTIC FILINGS

NAME: S.W. FLORIDA PAIN CENTER, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133

EXAMINER'S INITIALS _____

RECEIVED
00 DEC 29 AM 11:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA