

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000050571

FILED
Nov 09, 2011
Secretary of State

Entity Name: SOUTH MIAMI PAIN & REHAB CENTER, INC.

Current Principal Place of Business:

468 W 51 PLACE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

468 W 51 PLACE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0840771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELACRUZ, ANTHONY PRES
468 W. 51 PLACE
HIALEAH, FL 33012 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: ANTHONY DELA CRUZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: REY, RAFAEL R P
Address: 468 W 51 PLACE
City-St-Zip: HIALEAH, FL 33012

Title: VP
Name: DELACRUZ, ANTHONY VP
Address: 468 W 51 PLACE
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY DELA CRUZ

Electronic Signature of Signing Officer or Director

PD

11/09/2011

Date