2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 24, 2014
Secretary of State

DOCUMENT# P98000094036

Entity Name: LAKE WORTH PAIN CENTER, P.A.

Current Principal Place of Business:

10115 FOREST HILL BLVD
SUITE 102
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

10115 FOREST HILL BLVD
SUITE 102
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0877205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLEPP, CHRISTINE A MD
8407 ARIMA LANE
WELLINGTON, FL 33414 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: CHRISTINE A. KLEPP, M.D.

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: KLEPP, CHRISTINE A MD
Address: 8407 ARIMA LANE
City-St-Zip: WELLINGTON, FL 33414

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: CHRISTINE A. KLEPP , M.D. P 02/24/2014

Electronic Signature of Signing Officer or Director — Date