

2005 FOR PROFIT CORPORATION REINSTATEMENT

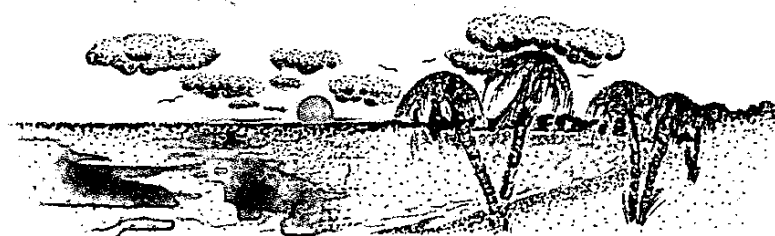
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DOCUMENT # P98000105629 1. Entity Name GULF COAST PAIN MANAGEMENT, P.A.					
Principal Place of Business 3890 TAMPA ROAD SUITE 308 PALM HARBOR, FL 34684			Mailing Address 3890 TAMPA ROAD SUITE 308 PALM HARBOR, FL 34684		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10062005 REIN-P CR2E098 (6/04)	
4. FEI Number 59-3549370				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDNER, MERRITT A 401 EAST JACKSON STREET SUITE 2650 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Lynne Carr Columbus, DO Street Address (P.O. Box Number is Not Acceptable) 3890 Tampa Road Suite 308 City Palm Harbor FL Zip Code 34684		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 10-5-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			Did not receive information to reinstate until now		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLUMBUS, LYNNE C <input type="checkbox"/> Delete 2936 MEADOW HILL DRIVE CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynne C. Columbus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15514 Rawhide Drive Tampa, FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 10-5-05 (727) 789-0891 <small>Daytime Phone #</small>		

FILED
05 OCT 31 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT



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Gulf Coast Pain Management

3890 Tampa Road Suite 301 * Palm Harbor, FL 34684 * (727)789-0891 fax (727)789-1570
Lynne Carr Columbus, D.O. www.gulfcoastpain.com

October 28, 2005

FLORIDA DEPARTMENT OF STATE

SUBJECT: GULF COAST PAIN MANAGEMENT, P.A.
Ref. Number: P98000105629

Per your letter, we are sending a non-receipt letter to verify the following. We are asking for a waiver of the reinstatement fee due to non-receipt of the original/second notice annual report.

If you have any questions concerning the filing of our document, please call (727) 789-0891 ext. 223.

Lynne C Columbus, D. O.