

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V27973

FILED  
Nov 13, 2008  
Secretary of State

Entity Name: THE PAIN CORRECTIVE CENTER OF BRANDON, INC.

## Current Principal Place of Business:

626 OAKFIELD DRIVE  
BRANDON, FL 33511 US

## New Principal Place of Business:

1011 S US HWY 301  
TAMPA, FL 33619 US

## Current Mailing Address:

P.O. BOX 670  
BRANDON, FL 33509 US

## New Mailing Address:

1011 S US HWY 301  
TAMPA, FL 33619 US

FEI Number: 59-3116533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUNN, MICHAEL E  
1919 ORO CT  
CLEARWATER, FL 33764 US

## Name and Address of New Registered Agent:

CICCARELLO, CYNTHIA  
1011 S US HWY 301  
TAMPA, FL 33619 US

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: CYNTHIA CICCARELLO

11/13/2008

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: VD ( ) Delete  
Name: CARPENTER, CYNTHIA  
Address: 919 RIVER RAPIDS AVENUE  
City-St-Zip: BRANDON, FL 33511

Title: PD (X) Delete  
Name: MAZZAFERRO, MICHAEL V  
Address: 5407 BAY STATE RD  
City-St-Zip: PALMETTO, FL 34221

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CICCARELLO, CYNTHIA  
Address: 1011 S US HWY 301  
City-St-Zip: TAMPA, FL 33619

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CYNTHIA CICCARELLO

PRES

11/13/2008

Electronic Signature of Signing Officer or Director

Date