2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000051519

Entity Name: NEUROLOGY & PAIN MEDICINE, INC.

Current Principal Place of Business:

1555 N KROME AVE
HOMESTEAD, FL 33030

Current Mailing Address:

1555 N KROME AVE
HOMESTEAD, FL 33033 US

FEI Number: 27-0366507

FILED
Nov 16, 2016
Secretary of State
CR2472983847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARRASCO, ANGEL M.D.
1555 N KROME AVE
HOMESTEAD, FL 33030 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: ANGEL CARRASCO 11/16/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DP	Title	VD
Name	CARRASCO, ANGEL M.D.	Name	PENA, MARIA C
Address	1555 N KROME AVE	Address	1555 N KROME AVE
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033

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: ANGEL CARRASCO DP 11/16/2016

Electronic Signature of Signing Officer/Director Detail — Date