

2017 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

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

10/24/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VD
Name PENA, MARIA C
Address 1555 N KROME AVE
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

PRESIDENT

10/24/2017

Electronic Signature of Signing Officer/Director Detail

Date