

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000073093

Entity Name: COMPREHENSIVE PAIN OF THE PALM BEACHES PLLC

Current Principal Place of Business:

4897 SOUTH JOG ROAD
GREENACRES, FL 33467-5052

Current Mailing Address:

4897 SOUTH JOG ROAD
GREENACRES, FL 33467-5052 US

FEI Number: 81-1092625

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WINESS, ROBERT
370 CAMINO GARDENS BLVD.
106
BOCA RATON, FL 33432 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: ROBERT S. WINESS

10/04/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GATZ, BART
Address 2828 S SEACREST BLVD. #210
City-State-Zip: BOYNTON BEACH FL 33435

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BART GATZ

**MANAGING MEMBER/
OWNER**

10/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date