

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

RECEIVED OFFICE USE ONLY

2015 SEP 23 PM 3:10

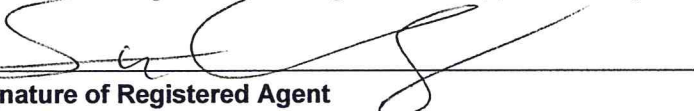
SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name D SCOTT CORDREY		Telephone 352-208-3635
Street Address 3110 SE 38 ST		
City OCALA	State FL	Zip Code 34480
Mailing Address 3110 SE 38 ST		
City OCALA	State FL	Zip Code 34480

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

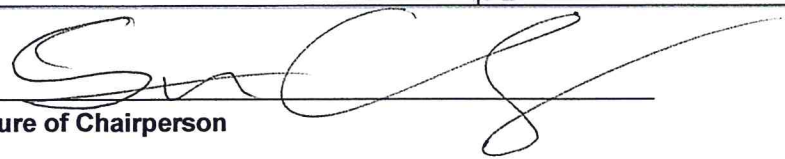

Signature of Registered Agent 9/23/2015
Date

Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization UNITED STATES PAIN ALLIANCE		
Street Address 3110 SE 38 ST		Telephone 352-208-3635
City OCALA	State FL	Zip Code 34480


Signature of Chairperson

D SCOTT CORDREY 9/23/2015
Printed Name of Chairperson Date