

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M15413

FILED
Apr 11, 2012
Secretary of State

Entity Name: BREVARD PAIN MANAGEMENT, INC.

Current Principal Place of Business:

8095 SPYGLASS HILL ROAD
SUITE 101
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

8095 SPYGLASS HILL ROAD
SUITE 101
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-2565845 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KRASNY, SCOTT
304 SOUTH HARBOR CITY BLVD
STE 201
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: JAFFE, TODD B
Address: 8095 SPYGLASS HILL ROAD
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP
Name: JAFFE, SHIRLEY R
Address: 8095 SPYGLASS HILL ROAD
City-St-Zip: MELBOURNE, FL 32940 US

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: TODD JAFFE MD

_____ Electronic Signature of Signing Officer or Director

PRES

04/11/2012

_____ Date