

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000102304

Entity Name: THERA-PAIN CENTERS USA, INC.

FILED  
Apr 04, 2012  
Secretary of State

## Current Principal Place of Business:

42 NW 27 AVE STE 419  
MIAMI, FL 33125

## New Principal Place of Business:

5590 W 20 AVE, SUITE 402  
HIALEAH, FL 33016

## Current Mailing Address:

42 NW 27 AVE STE 419  
MIAMI, FL 33125

## New Mailing Address:

5590 W 20 AVE, SUITE 402  
HIALEAH, FL 33016

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, BARBARA  
42 NW 27 AVE STE 419  
MIAMI, FL 33125 US

## Name and Address of New Registered Agent:

GARCIA, BARBARA  
5590 W 20 AVE, SUITE 402  
HIALEAH, FL 33016 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: BARBARA GARCIA

04/04/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: GARCIA, BARBARA  
Address: 5742 WEST 2 AVE  
City-St-Zip: HIALEAH, FL 33012

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: BARBARA GARCIA

P

04/04/2012

Electronic Signature of Signing Officer or Director

Date