

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065848

FILED
Jan 18, 2012
Secretary of State

Entity Name: FLORIDA PAIN MEDICINE ASSOCIATES, INC.

Current Principal Place of Business:

2828 S. SEACREST BLVD.
SUITE 210
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2828 S. SEACREST BLVD.
SUITE 210
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0936875 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQ.
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33483 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: D
Name: RENTA, ALEXIS M.D.
Address: 2828 S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D
Name: RODRIGUEZ, ALBERT M.D.
Address: 2828 S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D
Name: GATZ, BART M.D.
Address: 2828 S. SEACREST BLVD.
City-St-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 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: ALEXIS RENTA, MD

D

01/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date