2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2011
Secretary of State

DOCUMENT# S85954

Entity Name: FORT LAUDERDALE PAIN MEDICINE, INC.

Current Principal Place of Business:

1930 NE 47TH ST.
STE 300
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2200 SUNRISE KEY BLVD.
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-0294902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SZEINFELD, MARCOS
1930 NE 47TH. ST.
300
FORT LAUDERDALE, FL 33308 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: MD
Name: SZEINFELD, MARCOS
Address: 2200 SUNRISE KEY BLVD.
City-St-Zip: FT LAUDERDALE, FL

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: MS MD 02/19/2011

Electronic Signature of Signing Officer or Director — Date