

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084710

FILED  
May 10, 2011  
Secretary of State

**Entity Name:** NO LIMIT PAIN MANAGEMENT & URGENT CARE INC.

**Current Principal Place of Business:**

4220 NW 22 AVE  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

4220 NW 22 AVE  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ARVITAS, LLC  
111 NE 1ST STREET  
SUITE 309  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

SWAIN, ANTHONY  
1914 NW 43RD ST  
MIAMI, FL 33142 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: ANTHONY SWAIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

05/10/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: SWAIN, MARCEA  
Address: 4220 NW 22 AVE  
City-St-Zip: MIAMI, FL 33142

Title: CEO  
Name: SWAIN, ANTHONY  
Address: 4220 NW 22 AVE  
City-St-Zip: MIAMI, FL 33142

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: ANTHONY SWAIN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CEO

05/10/2011

\_\_\_\_\_  
Date