

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M15413

**Entity Name:** BREVARD PAIN MANAGEMENT, INC.

**Current Principal Place of Business:**

8095 SPYGLASS HILL ROAD  
SUITE 101  
MELBOURNE, FL 32940

**Current Mailing Address:**

8095 SPYGLASS HILL ROAD  
SUITE 101  
MELBOURNE, FL 32940 US

**FEI Number:** 59-2565845

**Certificate of Status Desired:** No

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

FLAVIN, NOONEY AND PERSON CPA'S  
304 SOUTH HARBOR CITY BLVD  
STE 201  
MELBOURNE, FL 32901 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:** TOM FLAVIN

**04/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

*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 B JAFFE

**PRESIDENT**

**04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date