

2014 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:

KRASNY, SCOTT
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:

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

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date