

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000067943

Entity Name: ALTERNATIVE PAIN MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

13307 SW 42ND ST.
DAVIE, FL 33330

FILED
Jun 30, 2020
Secretary of State
6246937848CC

Current Mailing Address:

6400 N ANDREWS AVE
STE 500
FORT LAUDERDALE, FL 33309 UN

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISHMAN, ALAN
6400 N ANDREWS AVE
STE 500
FORT LAUDERDALE, FL 33309 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 | D, P | Title | D,VP |
| Name | GIORDANELLI, PERRY | Name | BOORSTEIN, AARON |
| Address | 13307 SW 42ND ST. | Address | 3502 BIMINI LANE, UNIT H2 |
| City-State-Zip: | DAVIE FL 33330 | City-State-Zip: | COCONUT CREEK FL 33066 |

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: PERRY GIORDANELLI

PRESIDENT

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date