2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ALTERNATIVE PAIN MANAGEMENT, INC.

Current Principal Place of Business:

8196 TRANQUIL DR.
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

8196 TRANQUIL DR.
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 36-4592494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TENNYSON, EILEEN A
8196 TRANQUIL DR.
SPRING HILL, FL 34606 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: P
Name: PELLETIER, VINCENT C
Address: 8196 TRANQUIL DR.
City-St-Zip: SPRING HILL, FL 34606

Title: T
Name: TENNYSON, EILEEN A
Address: 8196 TRANQUIL DR.
City-St-Zip: SPRING HILL, FL 34606

Title: S
Name: DISCALA, MARY E
Address: 8196 TRANQUIL DR.
City-St-Zip: SPRING HILL, FL 34606

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EILEEN A TENNYSON TREA 04/07/2010
Electronic Signature of Signing Officer or Director Date