2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

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Entity Name: INSTITUTE OF PAIN MANAGEMENT EDUCATIONAL AND RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

4243 SUNBEAM ROAD, SUITE 3
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4243 SUNBEAM ROAD, SUITE 3
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 80-0152925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRILEY, D. RANDALL
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082 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: D
Name: FLORETE, ORLANDO G JR.
Address: 2200 ACADIE DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: T
Name: GUTHRIE, TRAVIS B
Address: 2800 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32205

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: ORLANDO FLORETE D 04/30/2011

Electronic Signature of Signing Officer or Director Date