2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

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Entity Name: THE ASSOCIATION OF CHRONIC PAIN PATIENTS, INC.

Current Principal Place of Business:

840 111TH AVENUE NORTH SUITE 7
NAPLES, FL 34108

New Principal Place of Business:

840 111TH AVENUE NORTH
SUITE 7
NAPLES, FL 34108

Current Mailing Address:

840 111TH AVENUE NORTH SUITE 7
NAPLES, FL 34108

New Mailing Address:

840 111TH AVENUE NORTH
SUITE 7
NAPLES, FL 34108

FEI Number: 27-3333701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTER, STEVEN ESQ
840 111TH AVENUE NORTH SUITE 7
NAPLES, FL 34108 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: PERGOLIZZI, JOSEPH V DR., JR
Address: 840 111TH AVENUE NORTH SUITE 7
City-St-Zip: NAPLES, FL 34108

Title: D
Name: LABHSETWAR, SUMEDHA DR.
Address: 840 111TH AVENUE NORTH SUITE 7
City-St-Zip: NAPLES, FL 34108

Title: D
Name: AMEN, RAPHAELLE
Address: 840 111TH AVENUE NORTH SUITE 7
City-St-Zip: NAPLES, FL 34108

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: JOSEPH V. PERGOLIZZI, JR. D 04/30/2012

Electronic Signature of Signing Officer or Director Date