2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2012
Secretary of State

DOCUMENT# N11000008794

Entity Name: AMERICAN SOCIETY OF MILITARY PAIN PHYSICIANS, INC.

Current Principal Place of Business:

3550 GALT OCEAN DRIVE
SUITE 1710
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3550 GALT OCEAN DRIVE
SUITE 1710
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 36-4716503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEVAK, CHRISTOPHER J
3550 GALT OCEAN DRIVE
SUITE 1710
FT LAUDERDALE, FL 33308 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: HANLING, STEVEN
Address: 3550 GALT OCEAN DR 1710
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VP
Name: GRIFFITH, SCOTT
Address: 3550 GALT OCEAN DR 1710
City-St-Zip: FT LAUDERDALE, FL 33308

Title: S
Name: WILLIAMS, NECIA
Address: 3550 GALT OCEAN 1710
City-St-Zip: FT LAUDERDALE, FL 33308

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: CHRISTOPHER SPEVAK MGR 01/22/2012

Electronic Signature of Signing Officer or Director — Date