

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004941

FILED
Mar 21, 2012
Secretary of State

Entity Name: FLORIDA PAIN INITIATIVE, INC.

Current Principal Place of Business:

1337 HAMPSTEAD TERRACE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 780755
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 31-1482137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, CONNIE
1337 HAMPSTEAD TERRACE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

GARCIA, CONNIE
1337 HAMPSTEAD TERRACE
OVIEDO, FL 32765 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: CONNIE M. GARCIA

03/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GARCIA, CONNIE
Address: P.O. BOX 780755
City-St-Zip: ORLANDO, FL 32878

Title: D
Name: ROGERS, ANGELA PHARM D
Address: 701 WEST COCOA BEACH CAUSEWAY
City-St-Zip: COCOA BEACH, FL 32931 US

Title: D
Name: DEMPSEY-WALLS, SUSAN
Address: 1400 S. ORANGE AVE
City-St-Zip: ORLANDO, FL 32806 US

Title: D
Name: MALKENSON, GAIL
Address: 605 MONTGOMERY RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: VENTURA, VALERIE
Address: 1414 KUHL AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: GARCIA, RAFAEL I
Address: 3127 BIRMINGHAM BLVD
City-St-Zip: ORLANDO, FL 32829

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: RAFAEL I. GARCIA

TRE

03/21/2012

Electronic Signature of Signing Officer or Director

Date