2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# P00000021230

Entity Name: PAIN & PRIMARY CARE CENTER, P.A.

Current Principal Place of Business:

1507 W. REYNOLDS ST.
SUITE A
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

1507 W. REYNOLDS ST.
SUITE A
PLANT CITY, FL 33563

New Mailing Address:

PO BOX 1942
VALRICO, FL 335951942

FEI Number: 59-3635771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOTERO, CARLOS A MD
1507 W. REYNOLDS ST.
SUITE A
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

BOTERO, CARLOS A MD
1507 W REYNOLDS ST
SUITE A
PLANT CITY, FL 33563 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: CARLOS A BOTERO, MD 01/05/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST
Name: BOTERO, CARLOS A MD
Address: PO BOX 1942
City-St-Zip: VALRICO, FL 335951942

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

SIGNATURE: CARLOS A BOTERO, MD PST 01/05/2011
Electronic Signature of Signing Officer or Director Date