2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

DOCUMENT# P01000001354

Entity Name: ADVANCED PAIN MANAGEMENT SPECIALISTS, P.A.

Current Principal Place of Business:

8255 COLLEGE PARKWAY
SUITE 200
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

PO BOX 07400
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 52-2285763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELLUTRI, CARMEN ESQ
1436 ROYAL PALM SQUARE BLVD
FORT MYERS, FL 33919 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: DR
Name: DAITCH, JONATHAN MD
Address: 8255 COLLEGE PARKWAY, STE 200
City-St-Zip: FORT MYERS, FL 33919

Title: DR
Name: FREY, MICHAEL MD
Address: 8255 COLLEGE PARKWAY, STE 200
City-St-Zip: FORT MYERS, FL 33919

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: JONATHAN S. DAITCH DR 04/07/2011

Electronic Signature of Signing Officer or Director — Date