

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000057921

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** BAY CENTER FOR PAIN MANAGEMENT, P.A.

**Current Principal Place of Business:**

101 CLEARWATER-LARGO RD. N.  
SUITE 2  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

101 CLEARWATER-LARGO RD. N.  
SUITE 2  
LARGO, FL 33770

**New Mailing Address:**

**FEI Number:** 59-3724938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOSSAIN, IMTIAZ  
101 CLEARWATER-LARGO RD. N.  
SUITE #2  
LARGO, FL 33770 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: HOSSAIN, IMTIAZ  
Address: 101 CLEARWATER-LARGO RD. N. #2  
City-St-Zip: LARGO, FL 33770

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: IMTIAZ HOSSAIN

P

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date