2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

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Entity Name: OSMIN A. MORALES, M.D., P.A.

Current Principal Place of Business:

7001 SOUTHWEST 61 AVENUE
MIAMI PAIN CLINIC
MIAMI, FL 33143

New Principal Place of Business:

7001 SOUTHWEST 61 AVENUE
MIAMI PAIN RELEIF INSTITUTE
MIAMI, FL 33143

Current Mailing Address:

7001 SOUTHWEST 61 AVENUE
MIAMI PAIN CLINIC
MIAMI, FL 33143

New Mailing Address:

7001 SOUTHWEST 61 AVENUE
MIAMI PAIN RELEIF INSTITUTE
MIAMI, FL 33143

FEI Number: 65-1125377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORALES, OSMIN A M.D.
7001 SOUTHWEST 61 AVENUE
MIAMI PAIN CLINIC
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

MORALES, OSMIN A M.D.
7001 SOUTHWEST 61 AVENUE
MIAMI PAIN RELEIF INSTITUTE
MIAMI, FL 33143 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: _____ 03/20/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MD
Name: MORALES, OSMIN A M.D.
Address: 7001 SOUTHWEST 61 AVENUE
City-St-Zip: MIAMI, FL 33143

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: OSMIN A MORALES,MD MD 03/20/2012
Electronic Signature of Signing Officer or Director — Date