2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P02000037939

Entity Name: INTERNATIONAL CENTER FOR PAIN MANAGEMENT, INC.

Current Principal Place of Business:

10000 W COLONIAL DR
STE 480
OCOEE, FL 34761

New Principal Place of Business:

1151 BLACKWOOD AVENUE
SUITE 150
OCOEE, FL 34761

Current Mailing Address:

P.O. BOX 1507
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 02-0578770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALEM, MUHAMMAD H MD
10000 W COLONIAL DRIVE
STE 480
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

SALEM, MUHAMMAD H MD
1151 BLACKWOOD AVENUE
SUITE 150
OCOEE, FL 34761 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: MUHAMMAD H. SALEM 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SALEM, MUHAMMAD H MD
Address: 10000 W COLONIAL DR STE 480
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SALEM, MUHAMMAD H MD
Address: 1151 BLACKWOOD AVENUE, SUITE 150
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MUHAMMAD H. SALEM DR. 04/29/2009
Electronic Signature of Signing Officer or Director Date