

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000037939

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL CENTER FOR PAIN MANAGEMENT, INC.

**Current Principal Place of Business:**

1151 BLACKWOOD AVENUE  
SUITE 150  
OCOE, FL 34761

**New Principal Place of Business:**

**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  
1151 BLACKWOOD AVENUE  
SUITE 150  
OCOE, FL 34761 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: SALEM, MUHAMMAD H MD  
Address: 1151 BLACKWOOD AVENUE, SUITE 150  
City-St-Zip: OCOE, FL 34761

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: MUHAMMAD H. SALEM, M.D.

PRES

04/04/2011

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

\_\_\_\_\_  
Date