

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075626

FILED
Feb 17, 2011
Secretary of State

Entity Name: SOUTH MIAMI PAIN CENTER, INC.

Current Principal Place of Business:

6285 SUNSET DR.
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6285 SUNSET DR.
MIAMI, FL 33143

New Mailing Address:

FEI Number: 42-1546352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURCIANO, ENRIQUE M.D.
6285 SUNSET DR.
MIAMI, FL 33143 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: MURCIANO, ENRIQUE
Address: 6285 SUNSET DR.
City-St-Zip: MIAMI, FL 33143

Title: V
Name: CHAO, RAUL V M.D.
Address: 6285 SUNSET DR.
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: ENRIQUE MURCIANO

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date