

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093827

FILED
Apr 26, 2011
Secretary of State

Entity Name: AMERICAN PAIN MANAGEMENT CENTER, INC.

Current Principal Place of Business:

7710 NW 71ST CT SUITE 202
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7710 NW 71ST CT SUITE 202
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 16-1626820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVICK, SCOTT S
7710 NW 71 COURT
202
TAMARAC, FL 33321 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: D
Name: NOVICK, SCOTT S
Address: 7710 NW 71 COURT, 202
City-St-Zip: TAMARAC, FL 33321

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: SCOTT NOVICK

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date