

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112000

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** BROOKSVILLE PAIN MANAGEMENT, INC.

**Current Principal Place of Business:**

5467 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

5467 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 81-0574930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COURTNEY, MICHAEL  
7319 INVERNESS CT  
BROOKSVILLE, FL 34613 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: COURTNEY, MICHAEL  
Address: 7319 INVERNESS CT  
City-St-Zip: BROOKSVILLE, FL 34613

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: MICHAEL COURTNEY

PRES

04/11/2012

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

\_\_\_\_\_ Date