2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2010
Secretary of State

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Entity Name: GULF COAST PAIN SPECIALISTS, P.A.

Current Principal Place of Business:

96 CHANTECLAIRE CIRCLE
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

PO BOX 13207
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 02-0668458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAIRLEIGH, DAVID E M.D.
96 CHANTECLAIRE CIRCLE
GULF BREEZE, FL 32561 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP/D
Name: BUCHALTER, JEFF L M.D.
Address: 18 VIA DELUNA DRIVE #1906
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: P/D
Name: FAIRLEIGH, DAVID E M.D.
Address: 96 CHANTECLAIRE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

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: JEFF L BUCHALTER VP/D 01/12/2010

Electronic Signature of Signing Officer or Director — Date