

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 11, 2011
Secretary of State

Entity Name: PAIN INSTITUTE OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

2770 CAPITAL MEDICAL BOULEVARD
SUITE #100
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13627
TALLAHASSEE, FL 323173627 US

New Mailing Address:

FEI Number: 38-3677550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCOS, GEORGE J D.O.
2770 CAPITAL MEDICAL BOULEVARD
SUITE #100
TALLAHASSEE, FL 32308 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: ARCOS, GEORGE J D.O.
Address: 2770 CAPITAL MEDICAL BOULEVARD, SUITE #100
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP
Name: ARCOS, KIMBERLY K
Address: 2770 CAPITAL MEDICAL BOULEVARD, SUITE #100
City-St-Zip: TALLAHASSEE, FL 32308 US

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: GEORGE J. ARCOS, D.O.

CEO

01/11/2011

Electronic Signature of Signing Officer or Director

Date