

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157121

FILED
Jan 30, 2012
Secretary of State

Entity Name: METROPOLITAN PAIN MANAGEMENT CENTER, INC.

Current Principal Place of Business:

4063 SALISBURY RD. N. #206
206
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4063 SALISBURY RD. N. #206
JACKSONVILLE, FL 32216

New Mailing Address:

4063 SALISBURY RD. N. #206
206
JACKSONVILLE, FL 32216

FEI Number: 20-0524047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAH, ISMAIL D
4063 SALISBURY RD N #206
JACKSONVILLE, FL 32216 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: SALAH, ISMAIL
Address: 4063 SALISBURY RD. N. #206
City-St-Zip: JACKSONVILLE, FL 32216

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: ISMAIL SALAH

PRES

01/30/2012

Electronic Signature of Signing Officer or Director

Date