

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045263

FILED
Mar 28, 2011
Secretary of State

Entity Name: PHYSICIAN PAIN AND THERAPEUTIC CENTER, PA.

Current Principal Place of Business:

610 MOONDANCER COURT
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

610 MOONDANCER CT
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-0870004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YU, KEITH T
610 MOONDANCER CT
PALM BEACH GARDENS, FL 33410 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,D
Name: YU, KEITH
Address: 610 MOONDANCER CT
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: KEITH YU

P,D

03/28/2011

Electronic Signature of Signing Officer or Director

Date