

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137953

FILED
Apr 28, 2011
Secretary of State

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

Current Principal Place of Business:

1008 VIRGINIA AVE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1008 VIRGINIA AVE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 20-2544602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHALAF, MAJID R
5240 93RD LN
SEBASTIAN, FL 32958 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: DR
Name: KHALAF, MAJID R
Address: 5240 93RD LN
City-St-Zip: SEBASTIAN, FL 32958

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: MAJID R. KHALAF

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date