

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152497

FILED
Apr 29, 2008
Secretary of State

Entity Name: NEW HORIZON PAIN MANAGEMENT MEDICAL CENTER, INC.

Current Principal Place of Business:

2020 NE 163 STREET
SUITE 108
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

4997 SW 162 AVENUE
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 13-4289076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTOINE, MOGIN M.D.
4997 SW 162 AVENUE
MIRAMAR, FL 33027 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: P () Delete
Name: ANTOINE, MOGIN M.D.
Address: 4997 SW 162 AVE
City-St-Zip: MIRAMAR, FL 33027 US

Title: D () Delete
Name: ANTOINE, NANCY M
Address: 4997 SW 162 AVE.
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOGIN ANTOINE

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date