

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015503

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** C.J. COMPREHENSIVE PAIN MANAGEMENT OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

351 NW 42 AVENUE  
SUITE 404  
MIAMI, FL 33126

**New Principal Place of Business:**

100 ALMERIA AVENUE  
SUITE 200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

351 NW 42 AVENUE  
SUITE 404  
MIAMI, FL 33126

**New Mailing Address:**

P.O. BOX 837  
GULFBREEZE, FL 32562 US

**FEI Number:** 20-2254973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONCEPCION, PABLO W  
6901 SW 98 STREET  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

CONCEPCION, PABLO W  
100 ALMERIA AVENUE  
SUITE 200  
CORAL GABLES, FL 33134 US

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: PABLO W. CONCEPCION

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: ALVAREZ-JACINTO, MARIA D  
Address: 100 ALMERIA AVENUE #200  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD  
Name: CONCEPCION, PABLO W  
Address: 100 ALMERIA AVENUE #200  
City-St-Zip: CORAL GABLES, FL 33134

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: MARIA ALVAREZ-JACINTO

D

04/26/2011

Electronic Signature of Signing Officer or Director

Date