2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2011
Secretary of State

DOCUMENT# P05000046769

Entity Name: PAIN MANAGEMENT CONSULTANTS OF SOUTHWEST FLORIDA, P.A.

Current Principal Place of Business:

23 BARKLEY CIRCLE
FT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7440
FT MYERS, FL 33911 US

New Mailing Address:

FEI Number: 20-2587269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD
FT MYERS, FL 33919 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: DP
Name: MAHANEY, JR., GENE D M.D.
Address: 23 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907 US

Title: DVS
Name: ACOSTA, GILBERTO M.D.
Address: 23 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907 US

Title: DVT
Name: MICOVIC, VELIMIR M.D.
Address: 23 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907 US

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: GENE D. MAHANEY, JR., M.D. DP 06/14/2011

Electronic Signature of Signing Officer or Director Date