

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055054

FILED
Apr 14, 2009
Secretary of State

Entity Name: COASTAL PAIN MANAGEMENT, P.A.

Current Principal Place of Business:

75 N.E. 6TH AVENUE
SUITE 104
DELRAY BEACH, FL 33483

New Principal Place of Business:

766 S. E. 5TH AVENUE
DELRAY BEACH, FL 33483

Current Mailing Address:

1010 BUCIDA ROAD
DELRAY BEACH, FL 33483

New Mailing Address:

766 S. E. 5TH AVENUE
DELRAY BEACH, FL 33483

FEI Number: 20-3202674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DOUGLAS R DR.
1010 BUCIDA ROAD
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

SMITH, DOUGLAS R DR.
766 S.E. 5TH AVENUE
DELRAY BEACH, FL 33483 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: DR. DOUGLAS R. SMITH

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, DOUGLAS R M.D.
Address: 1010 BUCIDA ROAD
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, DOUGLAS R M.D.
Address: 766 S. E. 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

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: DR. DOUGLAS R. SMITH

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date