2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056772

1586 SW CROSSING CR PALM CITY, FL 34990

City-St-Zip:

FILED Apr 19, 2012 Secretary of State

Entity Name: CARDONA PAIN & ANESTESHIA PROFESSIONAL, INC.

New Principal Place of Business: Current Principal Place of Business: 601 UNIVERSITY BLVD SUITE 205 JUPITER, FL 33458 **Current Mailing Address: New Mailing Address:** 2504 SW NUTCRACKER WAY PALM CITY, FL 34990 FEI Number: 38-3721665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DURAN, ROBERTO 1586 S.W. CROSSING CIRCLE PALM CITY, FL 34990 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: DURAN, ROBERTO Name: 601 UNIVERSITY BLVD Address: City-St-Zip: JUPITER, FL 33458 Title: CARDONA, GLORIA Name: Address:

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: ROBERTO DURAN P 04/19/2012