

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133815

FILED
Apr 23, 2012
Secretary of State

Entity Name: TRI-COUNTY PAIN ASSOCIATES, INC.

Current Principal Place of Business:

1647 ISLAND WAY
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1647 ISLAND WAY
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-3559798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNSTEIN, JEFFREY I ESQ.
300 SE 2ND STREET
SUITE 860
FORT LAUDERDALE, FL 33301 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: PSTD
Name: MANN, BRUCE M.D.
Address: 1647 ISLAND WAY
City-St-Zip: WESTON, FL 33326

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: BRUCE MANN

PSTD

04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date