

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161690

Entity Name: BREVARD PAIN CARE, P.A.

FILED  
Jan 11, 2010  
Secretary of State

## Current Principal Place of Business:

190 SOUTH SYKES CREECK PARKWAY  
SUITE 1  
MERRITT ISLAND, FL 32952

## New Principal Place of Business:

190 SOUTH SYKES CREECK PARKWAY  
SUITE 1  
MERRITT ISLAND, FL 32952

## Current Mailing Address:

190 SOUTH SYKES CREECK PARKWAY  
SUITE 1  
MERRITT ISLAND, FL 32952

## New Mailing Address:

FEI Number: 11-3764596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EL-TOBGUI, MAHMOUD A.M.D.  
190 SOUTH SYKES CREECK PARKWAY  
SUITE 1  
MERRITT ISLAND, FL 32952 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: EL-TOBGUI, MAHMOUD A.M.D.  
Address: 190 SOUTH SYKES CREECK PARKWAY SUITE 1  
City-St-Zip: MERRITT ISLAND, FL 32952

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: M.A.EL-TOBGUI, M.D.

PRES

01/11/2010

Electronic Signature of Signing Officer or Director

Date