

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000057498

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** PAIN CARE SPECIALISTS OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

601 UNIVERSITY BLVD  
NEURO CARE CONSULTANTS SUITE 205  
JUPITER, FL 33458

**New Principal Place of Business:**

4300 S US HWY 1, SUITE 203-341  
JUPITER, FL 33477

**Current Mailing Address:**

601 UNIVERSITY BLVD  
NEURO CARE CONSULTANTS SUITE 205  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 22-3929978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLE, JAMES C PSTD  
601 UNIVERSITY BLVD  
NEURO CARE CONSULTANTS SUITE 205  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

COLE, JAMES C PSTD  
4300 S US HWY 1, SUITE 203-341  
JUPITER, FL 33477 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: JAMES COLE

04/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: COLE, JAMES MD  
Address: 601 UNIVERSITY BLVD, SUITE 205  
City-St-Zip: JUPITER, FL 33458

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: JAMES COLE

PRES

04/17/2011

Electronic Signature of Signing Officer or Director

Date