

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000057498

FILED
Mar 09, 2012
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:

Current Mailing Address:

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

New Mailing Address:

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

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

03/09/2012

Electronic Signature of Signing Officer or Director

Date