

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102659

FILED  
Aug 29, 2008  
Secretary of State

Entity Name: PAIN MANAGEMENT CENTER OF NAPLES, PA

## Current Principal Place of Business:

11181 HEALTH PARK BLVD.  
#2240  
NAPLES, FL 34110

## New Principal Place of Business:

## Current Mailing Address:

11181 HEALTH PARK BLVD.  
#2240  
NAPLES, FL 34110

## New Mailing Address:

FEI Number: 20-5332623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORTHY, PRATHIMA  
11181 HEALTH PARK BLVD.  
2240  
NAPLES, FL 34110 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOORTHY, PRATHIMA  
Address: 11181 HEALTH PARK BLVD. #2240  
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete  
Name: NANAVATI, SHARDUL  
Address: 11181 HEALTH PARK BLVD. #2240  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARDUL NANAVATI

VP

08/29/2008

Electronic Signature of Signing Officer or Director

Date