

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102659

FILED
Feb 24, 2009
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:

3439 PINE RIDGE ROAD
NAPLES, FL 34109

Current Mailing Address:

11181 HEALTH PARK BLVD.
#2240
NAPLES, FL 34110

New Mailing Address:

3439 PINE RIDGE ROAD
NAPLES, FL 34109

FEI Number: 20-5391844

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:

MOORTHY, PRATHIMA
3439 PINE RIDGE ROAD
NAPLES, FL 34109 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: PRATHIMA MOORTHY, MD

02/24/2009

Electronic Signature of Registered Agent

Date

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: P (X) Change () Addition
Name: MOORTHY, PRATHIMA
Address: 3439 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34109

Title: VP (X) Change () Addition
Name: NANAVATI, SHARDUL
Address: 3439 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34109

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: PRATHIMA MOORTHY, MD

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date