2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008
Secretary of State

DOCUMENT# P06000104828

Entity Name: CONSULT CARE PAIN MEDICINE, P.A.

Current Principal Place of Business:

340 W. 23RD STREET
SUITE B
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

340 W. 23RD STREET
SUITE B
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 87-0790811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHSIN, ATA UI
340 W. 23RD STREET
SUITE B
PANAMA CITY, FL 32405 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: MD ( ) Delete
Name: MOHSIN, ATA UI
Address: 340 W. 23RD STREET SUITE B
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ATA UL MOHSIN DOCT 08/11/2008

Electronic Signature of Signing Officer or Director — Date