2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P07000015042

Entity Name: PAIN MANAGEMENT ASSOCIATES OF S.W. FLORIDA, P.A.

Current Principal Place of Business:

215 GEORGE ROAD
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

18350 MURDOCK CIR
101
PORT CHARLOTTE, FL 33949

Current Mailing Address:

99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

PO BOX 494857
PORT CHARLOTTE, FL 33949

FEI Number: 20-8419169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAHLE, GARY A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MUPPAVARAPU, SWAROOP
Address: 215 GEORGE ROAD
City-St-Zip: PORT CHARLOTTE, FL 33952

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: RAJA MUPPAVARAPU MGR 01/16/2009
Electronic Signature of Signing Officer or Director Date