

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128210

FILED
Feb 25, 2009
Secretary of State

Entity Name: LORENZO PAIN MANAGEMENT CORP

Current Principal Place of Business:

1961 SW 14 TERRACE
MIAMI, FL 331345 US

New Principal Place of Business:

5333 COLLINS AVENUE
503
MIAMI BEACH, FL 33140 US

Current Mailing Address:

1961 SW 14 TERRACE
MIAMI, FL 331345 US

New Mailing Address:

5333 COLLINS AVENUE
503
MIAMI BEACH, FL 33140 US

FEI Number: 75-3264550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZO, EDUARDO E M.D.
1961 SW 14 TERRACE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LORENZO, EDUARDO E M.D.
5333 COLLINS AVENUE
503
MIAMI, FL 33145 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:

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LORENZO, EDUARDO E M.D.
Address: 1961 SW 14 TERRACE
City-St-Zip: MIAMI, FL 33145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LORENZO, EDUARDO E M.D.
Address: 5333 COLLINS AVENUE, SUITE 503
City-St-Zip: MIAMI BEACH, FL 33140 US

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: EDUARDO E. LORENZO

DR

02/25/2009

Electronic Signature of Signing Officer or Director

Date