

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 22, 2009
Secretary of State**

DOCUMENT# P07000128210

Entity Name: LORENZO PAIN MANAGEMENT CORP

Current Principal Place of Business:

5333 COLLINS AVENUE
503
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

9835 SW 72 STREET
203
MIAMI, FL 33173 US

Current Mailing Address:

5333 COLLINS AVENUE
503
MIAMI BEACH, FL 33140 US

New Mailing Address:

9835 SW 72 STREET
203
MIAMI, FL 33173 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.
5333 COLLINS AVENUE
503
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LORENZO, EDUARDO E M.D.
5333 COLLINS AVENUE
503
MIAMI BEACH, FL 33140 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:

Electronic Signature of Registered Agent

09/22/2009

Date

OFFICERS AND DIRECTORS:

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

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: EDUARDO LORENZO

P

09/22/2009

Electronic Signature of Signing Officer or Director

Date