

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128210

FILED
Jan 13, 2011
Secretary of State

Entity Name: LORENZO PAIN MANAGEMENT CORP

Current Principal Place of Business:

9835 SW 72 STREET
203
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

9835 SW 72 STREET
203
MIAMI, FL 33173 US

New Mailing Address:

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 BEACH, FL 33140 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

OFFICERS AND DIRECTORS:

Title: P
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 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 all other like empowered.

SIGNATURE: EDUARDO E. LORENZO, M.D.

P

01/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date