

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128210

FILED
Jan 09, 2012
Secretary of State

Entity Name: LORENZO PAIN MANAGEMENT CORP

Current Principal Place of Business:

4779 COLLINS AVE APT 1207
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

4779 COLLINS AVE
APT 1207
MIAMI BEACH, FL 33140 US

Current Mailing Address:

4779 COLLINS AVE APT 1207
MIAMI BEACH, FL 33140

New Mailing Address:

4779 COLLINS AVE
APT 1207
MIAMI BEACH, FL 33140

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:

LORENZO, EDUARDO E M.D.
4779 COLLINS AVENUE
APT 1207
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: EDUARDO E LORENZO

01/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LORENZO, EDUARDO E M.D.
Address: 4779 COLLINS AVENUE APT 1207
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

P

01/09/2012

Electronic Signature of Signing Officer or Director

Date