

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000130434

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA REGIONAL PAIN MANAGEMENT, P.A.

**Current Principal Place of Business:**

8259 BAYBERRY ROAD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

8259 BAYBERRY ROAD  
JACKSONVILLE, FL 32256 UN

**Current Mailing Address:**

8259 BAYBERRY ROAD  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 30-0458901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANOHAR, SHONITH  
8259 BAYBERRY ROAD  
JACKSONVILLE, FL 32256 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: D  
Name: MANOHAR, SHONITH  
Address: 8259 BAYBERRY ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

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: SHONITH MANOHAR

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date