2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P08000008614

Entity Name: NEURO PAIN MANAGEMENT, P.A.

Current Principal Place of Business:

2754 NORTH UNIVERSTIY DR.
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

2754 NORTH UNIVERSTIY DR.
SUNRISE, FL 33322 US

New Mailing Address:

FEI Number: 26-1845683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI (JC)
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 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, D
Name: KRONENBERG, ROBERT D MD
Address: 900 BISCAYNE BLVD. APT. 3602
City-St-Zip: MIAMI, FL 33132 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: ROBERT KRONENBERG DR. 02/17/2011

Electronic Signature of Signing Officer or Director Date