2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# P08000019809

Entity Name: HEALTH & PAIN MANAGEMENT OF FLORIDA, INC.

Current Principal Place of Business:

105 BAY BRIDGE DR.
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

1242 REDWOOD LN
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 26-2033430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TALLEY, TRAVIS C
1242 REDWOOD LN
GULF BREEZE,, FL 32563 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: EPSTEIN, SANFORD M
Address: 105 BAY BRIDGE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

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: SANFORD EPSTEIN P 01/04/2011

Electronic Signature of Signing Officer or Director Date