

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021272

FILED
Apr 29, 2009
Secretary of State

Entity Name: MEDICAL EXCELLENCE PAIN CENTER I, INC.

Current Principal Place of Business:

1374 CORAL WAY
2ND FLOOR
MIAMI, FL 33145

New Principal Place of Business:

1378 CORAL WAY
4TH FLOOR
MIAMI, FL 33145

Current Mailing Address:

1374 CORAL WAY
2ND FLOOR
MIAMI, FL 33145

New Mailing Address:

1300 CORAL WAY
SUITE #204
MIAMI, FL 33145

FEI Number: 26-2156264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, ARIA C
14720 GLENCAIRN ROAD
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

SUAREZ, ARIA C
1300 CORAL WAY
SUITE #204
MIAMI, FL 33145 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRUZ, LUIS
Address: 1300 CORAL WAY #204
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JESSICA GARCIA

DIR

04/29/2009

Electronic Signature of Signing Officer or Director

Date