2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2012
Secretary of State

DOCUMENT# P08000021272

Entity Name: MEDICAL EXCELLENCE PAIN CENTER I, INC.

Current Principal Place of Business:

1378 CORAL WAY
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

299 S W 27 AVENUE
MIAMI, FL 33135

New Mailing Address:

FEI Number: 26-2156264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, CARLOS
299 S W 27 AVENUE
MIAMI, FL 33135 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: PD
Name: GARCIA, CARLOS
Address: 299 S W 27 AVENUE
City-St-Zip: MIAMI, FL 33135

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: CARLOS GARCIA PD 04/20/2012

Electronic Signature of Signing Officer or Director Date