

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024294

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

**Entity Name:** THE CENTER FOR QUALITY PAIN CARE, P.A.

**Current Principal Place of Business:**

6705 RED RD  
SUITE 516  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 879  
HALLANDALE BEACH, FL 33008

**New Mailing Address:**

**FEI Number:** 26-2135622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOBBS, ANDRE M.D.  
1031 S PARK RD  
APT 302  
HOLLYWOOD, FL 33021 US

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

HOBBS, ANDRE M.D.  
6705 RED RD  
SUITE 516  
CORAL GABLES, FL 33143 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: ANDRE HOBBS

Electronic Signature of Registered Agent

04/30/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HOBBS, ANDRE M.D.  
Address: 6705 RED RD SUITE 516  
City-St-Zip: CORAL GABLES, FL 33143

Title: PRES  
Name: HOBBS, ANDRE MD  
Address: 12600 PEMBROKE RD SUITE 100  
City-St-Zip: MIRAMAR, FL 33027

Title: PRES  
Name: HOBBS, ANDRE MD  
Address: 100 NW 170TH STREET SUITE 405  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: ANDRE HOBBS

Electronic Signature of Signing Officer or Director

PRES

04/30/2012

Date