## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000041114

FILED Feb 01, 2009 Secretary of State

Entity Name: AMERICAN PAIN MANAGEMENT OF PALM BEACH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7710 NW 71 COURT 2100 45 STREET SUITE 202 SUITE B4 TAMARAC, FL 33321 WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** 7710 NW 71 COURT SUITE 202 TAMARAC, FL 33321 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOVICK, SCOTT S 7710 NW 71 COURT 202 TAMARAC, FL 33321 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NOVICK, SCOTT S Name: Name: 7710 NW 71 COURT, 202 Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: SUHANOV. ALEXANDRIA Name: 949 NW BAYSHORE BOULEVARD Address: Address: PORT ST. LUCIE, FL 34983 City-St-Zip: 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: SCOTT NOVICK D 02/01/2009