

PD80000043811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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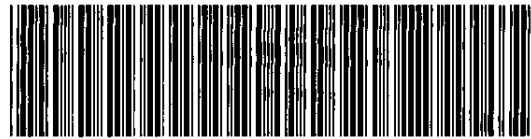
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 23 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Pain Clinic of Delray, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000043811

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth S. Sallie
Name of Contact Person

A Pain Clinic of Delray, Inc.
Firm/Company

130 SFC Dr. #134
Address

Atlantic, FL 33462
City/State and Zip Code

Eushe@echonega.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth S. Sallie at (561) 439-0302
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A Pain Clinic of Delray Inc.

2. The principal office address: 16244 Military Trail
Delray Beach, FL 33484

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/1/03 Document number: 903 0000 43811

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Edward Talle
130 SE 14 D. #134
Atlantic, FL 33462

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Earl M. Cohen
2505 NW Boca Raton Blvd #202
P.O. Box NOT acceptable
Boca Raton, FL 33431

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

Kenneth Jaffe
Signature of an officer or director

x KENNETH JAFFE
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Ch
Signature of Registered Agent

12/10/10
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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