

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051937

FILED
Feb 18, 2009
Secretary of State

Entity Name: ALL PAIN MANAGEMENT URGENT CARE INC.

Current Principal Place of Business:

3408 GRIFFIN RD
DANIA BEACH, FL 33312

New Principal Place of Business:

3300 GRIFFIN RD
DANIA BEACH, FL 33312

Current Mailing Address:

3408 GRIFFIN RD
DANIA BEACH, FL 33312

New Mailing Address:

3300 GRIFFIN RD
DANIA BEACH, FL 33312

FEI Number: 26-2700582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTEGA, JOEL
7333 NW 174 TERR UNIT 107G
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

RAMIREZ - BAEZ, SONIA M
4242 N.W. 2ND STREET
1404
MIAMI, FL 33126 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: RAMIREZ - BAEZ SONIA M

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTEGA, JOEL
Address: 3408 GRIFFIN RD
City-St-Zip: DANIA BEACH, FL 33312

Title: VP () Delete
Name: DEL REY, MAITE
Address: 3408 GRIFFIN RD
City-St-Zip: DANIA BEACH, FL 33312

Title: T (X) Delete
Name: NIN, MARIA
Address: 3408 GRIFFIN RD
City-St-Zip: DANIA BEACH, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMIREZ - BAEZ, SONIA M
Address: 3300 GRIFFIN RD
City-St-Zip: DANIA BEACH, FL 33312

Title: P (X) Change () Addition
Name: DEL REY, MAITE
Address: 340 WEST 55 STREET
City-St-Zip: HIALEH, FL 33012

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: DELREY MAYTE

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date