2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# P08000058014

Entity Name: FLORIDA FACIAL PAIN CENTER, INC.

Current Principal Place of Business:

8951 BONITA BEACH ROAD
#110
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

8951 BONITA BEACH ROAD
#206
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

8951 BONITA BEACH ROAD
#110
BONITA SPRINGS, FL 34135 US

New Mailing Address:

8951 BONITA BEACH ROAD
#206
BONITA SPRINGS, FL 34135 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECK, FRED J
8951 BONITA BEACH ROAD
#110
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

ECK, FRED J
8951 BONITA BEACH ROAD
#206
BONITA SPRINGS, FL 34135 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: 04/20/2011

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: ECK, FRED J
Address: 8951 BONITA BEACH ROAD, #206
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: FRED J ECK P 04/20/2011

Electronic Signature of Signing Officer or Director — Date