

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000065475

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** CHARLOTTE PAIN MANAGEMENT CENTER, INC.

**Current Principal Place of Business:**

3109 TAMIAMI TRAIL, SUITE 3  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

3109 TAMIAMI TRAIL,  
SUITE 3  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

3109 TAMIAMI TRAIL, SUITE 3  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

3109 TAMIAMI TRAIL  
SUITE #3  
PORT CHARLOTTE, FL 33952

**FEI Number:** 26-2947510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LITTLE, LEW A  
32 TORRINGTON ST  
PORT CHARLOTTE, FL 33954 US

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

HARRIS, NANCY J  
32 TORRINGTON ST  
PORT CHARLOTTE, FL 33954 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: NANCY JEAN HARRIS

03/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HARRIS, NANCY J  
Address: 3109 TAMIAMI TRAIL, SUITE 3  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: NANCY JEAN HARRIS

PRES

03/16/2011

Electronic Signature of Signing Officer or Director

Date