

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000072142

FILED
Oct 04, 2010
Secretary of State

Entity Name: FULL SERVICE PAIN MANAGEMENT INC.

Current Principal Place of Business:

3107 W HALLANDALE BEACH BLVD, STE 102
PEMBROKE PARK, FL 33009

New Principal Place of Business:

Current Mailing Address:

3107 W HALLANDALE BEACH BLVD, STE 102
PEMBROKE PARK, FL 33009

New Mailing Address:

FEI Number: 26-3106189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAVIER BANOS, ESQ PA
3126 CORAL WAY
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PSD
Name: FRIEDBERG, GARRY MD
Address: 3128 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: CFO
Name: JASON, DENNIS M
Address: 3128 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: VP
Name: MILA PRATS, EDUARDO J MD
Address: 2737 KINGSTON CIRCLE
City-St-Zip: WESTON, FL 33332

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: DENNIS JASON

CFO

10/04/2010

Electronic Signature of Signing Officer or Director

Date