

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078721

FILED
Apr 20, 2009
Secretary of State

Entity Name: PALMETTO BAY PAIN CENTER,INC

Current Principal Place of Business:

17035 SOUTH DIXIE HIGHWAY
PALMETTO BAY, FL 33157

New Principal Place of Business:

8353 SW 124 ST STE 204
MIAMI, FL 33156

Current Mailing Address:

17035 SOUTH DIXIE HIGHWAY
PALMETTO BAY, FL 33157

New Mailing Address:

8353 SW 124 ST STE 204
MIAMI, FL 33156

FEI Number: 26-3239484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, HAMLET SR
40 EAST 48 STREET
HIALEAH, FL 33013 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MUNOZ, HAMLET SR
Address: 40 EAST 48 ST
City-St-Zip: HIALEAH, FL 33013

Title: VP () Delete
Name: MUNOZ, HAMLET JR
Address: 1100 COURTLAND AVE EAST,APT #815
City-St-Zip: KITCHENER, ON N2C 2H9 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HAMLET MUNOZ SR

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date