

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095452

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** PAIN & INJURY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

3301 WEST BOYNTON BEACH BOULEVARD  
SUITE 1  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

3301 WEST BOYNTON BEACH BOULEVARD  
SUITE 1  
BOYNTON BEACH, FL 33436 US

**Current Mailing Address:**

3301 WEST BOYNTON BEACH BOULEVARD  
SUITE 1  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

3301 WEST BOYNTON BEACH BOULEVARD  
SUITE 1  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 26-3773135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRSCHNER, RONALD D.C.  
3301 WEST BOYNTON BEACH BOULEVARD  
SUITE 1  
BOYNTON BEACH, FL 33436 US

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

O'HEARN, JAMES J  
2466 NE 17TH COURT  
JENSEN BEACH, FL 34957 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: JAMES J O'HEARN

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KIRSCHNER, RONALD D.C.  
Address: 3301 WEST BOYNTON BEACH BOULEVARD # 1  
City-St-Zip: BOYNTON BEACH, FL 33436

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: RONALD KIRSCHNER

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04/09/2012

Electronic Signature of Signing Officer or Director

Date