2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2011
Secretary of State

DOCUMENT# P09000001326

Entity Name: CLINICAS PARA EL DOLOR MEDICAL CENTER INC.

Current Principal Place of Business:

3860 WEST FLAGLER STREET
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

3860 WEST FLAGLER STREET
MIAMI, FL 33134

New Mailing Address:

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

Name and Address of Current Registered Agent:

SANTA CRUZ, MARIA I
3860 WEST FLAGLER STREET
MIAMI, FL 33134 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: PST
Name: SANTA CRUZ, MARIA I
Address: 3860 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33134

Title: V
Name: RAMIREZ, PORFIRIO J
Address: 3860 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33134

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: MARIA I SANTA CRUZ PST 05/02/2011

Electronic Signature of Signing Officer or Director — Date