

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000002358

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** DARWIN SQUARE PAIN MANAGEMENT, P.A.

**Current Principal Place of Business:**

3221 SW PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FL 34953 US

**New Principal Place of Business:**

11857 NW 12TH DRIVE  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

3221 SW PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE, FL 34953 US

**New Mailing Address:**

11857 NW 12TH DRIVE  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 26-4072619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYON, JAMES B ESQ.  
3300 UNIVERSITY DRIVE  
SUITE 802  
CORAL SPRINGS, FL 33065 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:** D/P  
**Name:** HELFELD, CHARLES D  
**Address:** 11857 NW 12TH DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US

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:** CHARLES D. HELFELD

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04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date