

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000008185

FILED
Feb 01, 2011
Secretary of State

Entity Name: NORTH PALM PAIN MANAGEMENT INC.

Current Principal Place of Business:

1411 10TH ST.
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

4371 NORTH LAKE BLVD
#126
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 80-0339543 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PALEMIRE, DONNA M
4371 NORTH LAKE BLVD.
#126
PALM BEACH GARDENS, FL 33410 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: P
Name: PALEMIRE, DONNA M
Address: 4371 NORTHLAKE BLVD., #126
City-St-Zip: PALM BEACH GARDENS, FL Q3410

Title: VP
Name: PALEMIRE, DONNA M
Address: 4371 NORTHLAKE BLVD., #126
City-St-Zip: PALM BEACH GARDENS, FL Q3410

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: DONNA MARIE PALEMIRE

VP

02/01/2011

Electronic Signature of Signing Officer or Director

Date