

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000015633

FILED
Jan 13, 2010
Secretary of State

Entity Name: MED HEALTH PAIN MANAGEMENT, P.A.

Current Principal Place of Business:

2564 EAGLE RUN LANE
WESTON, FL 33327

New Principal Place of Business:

2301 W SAMPLE ROAD BLDG 3-7A
POMPANO BEACH, FL 33073

Current Mailing Address:

2564 EAGLE RUN LANE
WESTON, FL 33327

New Mailing Address:

2301 W SAMPLE ROAD BLDG 3-7A
POMPANO BEACH, FL 33073

FEI Number: 26-4308238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, FEDERICO
2564 EAGLE RUN LANE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

MARTINEZ, FEDERICO
2301 W SAMPLE ROAD BLDG 3-7A
POMPANO BEACH, FL 33073 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:

01/13/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MARTINEZ, FEDERICO
Address: 2301 W. SAMPLE ROAD BLDG 3-7A
City-St-Zip: POMPANO BEACH, FL 33073

Title: VP
Name: ALPIZAR, GLORIA
Address: 2301 W SAMPLE ROAD BLDG 3-7A
City-St-Zip: POMPANO BEACH, FL 33073

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: FEDERICO MARTINEZ

P

01/13/2010

Electronic Signature of Signing Officer or Director

Date