

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2011
Secretary of State

Entity Name: HEALTHCARE PAIN MANAGEMENT P.A.

Current Principal Place of Business:

2301 W SAMPLE ROAD
BUILDING 3 SUITE 7A
POMPANO BEACH, FL 33073

New Principal Place of Business:

Current Mailing Address:

2301 W SAMPLE ROAD
BUILDING 3 SUITE 7A
POMPANO BEACH, FL 33073

New Mailing Address:

FEI Number: 27-0282866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARRIST, GLENN
5500 S FLAMINGO ROAD
SUITE 203
COOPER CITY, FL 33330 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: MARTINEZ, FEDERICO J M.D.
Address: 2301 W SAMPLE ROAD BLDG 3 SUITE 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

04/20/2011

Electronic Signature of Signing Officer or Director

Date