

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 26, 2012
Secretary of State

Entity Name: PAIN MANAGEMENT CARE CONSULTANTS, P.A.

Current Principal Place of Business:

400 E. LINTON BLVD., STE G-3
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

400 E. LINTON BLVD., STE G-3
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 27-0282967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, FERNANDO M.D.
400 E. LINTON BLVD., STE G-3
DELRAY BEACH, FL 33483 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: JIMENEZ, M.D., FERNANDO
Address: 400 E. LINTON BLVD., STE G-3
City-St-Zip: DELRAY BEACH, FL 33483

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: FERNANDO JIMINEZ

P

03/26/2012

Electronic Signature of Signing Officer or Director

Date