

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000051519

FILED
Apr 28, 2011
Secretary of State

Entity Name: NEUROLOGY & PAIN MEDICINE, INC.

Current Principal Place of Business:

1380 N KROME AVE. SUITE 103
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

1380 N KROME AVE. SUITE 103
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 27-0366507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRASCO, ANGEL M.D.
1380 N KROME AVE. SUITE 103
FLORIDA CITY, FL 33034 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: DP
Name: CARRASCO, ANGEL M.D.
Address: 1380 N KROME AVE. SUITE 103
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD
Name: PENA, MARIA C
Address: 29224 SW 142ND PL
City-St-Zip: HOMESTEAD, FL 33033

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: ANGEL CARRASCO

PD

04/28/2011

Electronic Signature of Signing Officer or Director

Date