

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000056126

FILED
Aug 23, 2011
Secretary of State

Entity Name: ADVANCED CARE PAIN MANAGEMENT CENTER, INC.

Current Principal Place of Business:

2339 SOUTH U.S. HIGHWAY ONE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

2339 SOUTH U.S. HIGHWAY ONE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 27-0496242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILDNER, ROY T
423 DELAWARE AVE.
FORT PIERCE, FL 34950 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: D
Name: SHAH, DARSHAN
Address: P.O. BOX 4212
City-St-Zip: VERO BEACH, FL 32964

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: DARSHAN SHAH

D

08/23/2011

Electronic Signature of Signing Officer or Director

Date