

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000069741

FILED
Feb 10, 2011
Secretary of State

Entity Name: A NEW LIFE PAIN MANAGEMENT, INC.

Current Principal Place of Business:

40 BARKLEY CIRCLE
3
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

40 BARKLEY CIRCLE
3
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 27-0768616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOUFFER, LEWIS G
40 BARKLEY CIRCLE
3
FORT MYERS, FL 33907 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: PT
Name: STOUFFER, LEWIS G
Address: 40 BARKLEY CIRCLE, # 3
City-St-Zip: FORT MYERS, FL 33907

Title: VS
Name: TURTURO, CRAIG
Address: 40 BARKLEY CIRCLE, # 3
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: STOUFFER, LEWIS G
Address: 40 BARKLEY CIRCLE, # 3
City-St-Zip: FORT MYERS, FL 33907

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: LEWIS STOUFFER

PRES

02/10/2011

Electronic Signature of Signing Officer or Director

Date