

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000074711

FILED
Mar 31, 2010
Secretary of State

Entity Name: POMPANO PAIN & INJURY MEDICAL CENTER, INC.

Current Principal Place of Business:

2310 N.W. 95TH TERRACE
CORAL SPRINGS, FLORIDA, 33065

New Principal Place of Business:

3524 N. POWERLINE ROAD
POMPANO BEACH, FL 33069

Current Mailing Address:

2310 N.W. 95TH TERRACE
CORAL SPRINGS, FLORIDA, 33065

New Mailing Address:

3524 N. POWERLINE ROAD
POMPANO BEACH, FL 33069

FEI Number: 27-1051835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHNER, RONALD D.C.
2310 N.W. 95TH TERRACE
CORAL SPRINGS, FL 33065 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: KIRSCHNER, RONALD D.C.
Address: 2310 N.W. 95TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

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: RONALD A KIRSCHNER

PRES

03/31/2010

Electronic Signature of Signing Officer or Director

Date