2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

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

Current Principal Place of Business:

3524 N. POWERLINE ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

3524 N. POWERLINE ROAD
POMPANO BEACH, FL 33069 US

Current Mailing Address:

3524 N. POWERLINE ROAD
POMPANO BEACH, FL 33069

New Mailing Address:

3524 N. POWERLINE ROAD
POMPANO BEACH, FL 33069 US

FEI Number: 27-1058135 **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:

O'HEARN, JAMES J
2466 NE 17TH COURT
JENSEN BEACH, FL 34957 US

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: JAMES J O'HEARN 04/09/2012
Electronic Signature of Registered Agent Date

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 KIRSCHNER P 04/09/2012
Electronic Signature of Signing Officer or Director Date