

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000082114

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** STOP PAIN DIAGNOSTIC CENTER, INC.

**Current Principal Place of Business:**

7200 NW 7 STREET  
202  
MIAMI, FL 33126 US

**New Principal Place of Business:**

7200 NW 7 STREET  
206  
MIAMI, FL 33126 US

**Current Mailing Address:**

719 85 ST  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

5300 SW 7TH STREET  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-1051827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOPEZ, ANTONIO  
719 85 ST  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

LOPEZ, YOLANDA  
5300 SW 7TH STREET  
CORAL GABLES, FL 33134 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: YOLANDA LOPEZ

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: YOLANDA, LOPEZ  
Address: 5300 SW 7TH STREET  
City-St-Zip: CORAL GABLES, FL 33134 US

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: YOLANDA LOPEZ

P

04/11/2012

Electronic Signature of Signing Officer or Director

Date