

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084710

FILED
Apr 07, 2010
Secretary of State

Entity Name: NO LIMIT PAIN MANAGEMENT & URGENT CARE INC.

Current Principal Place of Business:

4220 NW 22 AVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4220 NW 22 AVE
MIAMI, FL 33142

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAIN, ANTHONY
1914 NW 43ST
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

ARVITAS, LLC
111 NE 1ST STREET
SUITE 309
MIAMI, FL 33132 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: MICHAEL MONTALI, MANAGER

04/07/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T
Name: SWAIN, MARCEA
Address: 4220 NW 22 AVE
City-St-Zip: MIAMI, FL 33142

Title: CEO
Name: SWAIN, ANTHONY
Address: 4220 NW 22 AVE
City-St-Zip: MIAMI, FL 33142

Title: OM
Name: BUIILLARD, DARNELL
Address: 4220 NW 22 AVE
City-St-Zip: MIAMI, FL 33142

Title: S
Name: WILSON, JACKIE
Address: 4220 NW 22 AVE
City-St-Zip: MIAMI, FL 33142

Title: CFO
Name: SWAIN, CRAIG
Address: 4220 NW 22 AVE
City-St-Zip: MIAMI, FL 33142

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: ANTHONY V SWAIN

CEO

04/07/2010

Electronic Signature of Signing Officer or Director

Date