

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084710

FILED
Apr 05, 2012
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:

1653 NW 34 ST
MIAMI, FL 33142

Current Mailing Address:

4220 NW 22 AVE
MIAMI, FL 33142

New Mailing Address:

1653 NW 34 ST
MIAMI, FL 33142

FEI Number: 90-0519665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SWAIN, ANTHONY
1653 NW 34 STREET
MIAMI, FL 33142 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: ANTHONY SWAIN

04/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: SWAIN, MARCEA
Address: 1653 NW 34 STREET
City-St-Zip: MIAMI, FL 33142

Title: CEO
Name: SWAIN, ANTHONY
Address: 1653 NW 34 STREET
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 SWAIN

OWNE

04/05/2012

Electronic Signature of Signing Officer or Director

Date