2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# P09000088959

Entity Name: PROFESSIONAL PAIN CENTER, INC

Current Principal Place of Business:

1398 ALTAMONT AVE
PALM BAY, FL 32907

New Principal Place of Business:

860 E SR 434
LONGWOOD, FL 32750

Current Mailing Address:

1398 ALTAMONT AVE
PALM BAY, FL 32907

New Mailing Address:

860 E SR 434
LONGWOOD, FL 32750

FEI Number: 27-1233576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, JAMES T
1398 ALTAMONT AVE
PALM BAY, FL 32907 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

OFFICERS AND DIRECTORS:

Title: P
Name: JAMES T PIZZA, MD, LLC
Address: 860 E SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: O
Name: PIZZA, JAMES T
Address: 509 VENETIAN VILLA DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: JAMES T LONG MD LLC P 01/18/2011

Electronic Signature of Signing Officer or Director Date