

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000088959

FILED
Apr 11, 2012
Secretary of State

Entity Name: PROFESSIONAL PAIN CENTER, INC

Current Principal Place of Business:

860 E SR 434
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

860 E SR 434
LONGWOOD, FL 32750

New Mailing Address:

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 PIZZA

P

04/11/2012

Electronic Signature of Signing Officer or Director

Date