

P10000005587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

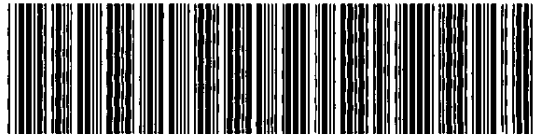
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800167767108

02/08/10--01013--014 \*\*35.00

FILED  
2000 FEB - 8 A 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA change  
Newis

2-10-10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AROC PAIN MANAGEMENT INC  
Name of Corporation

**DOCUMENT NUMBER:** P10000005587

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Roca  
Name of Contact Person

AROC PAIN MANAGEMENT INC  
Firm/Company

5300 NW 77 CT Suite #203  
Address

Miami, FL 33166  
City/State and Zip Code

wwshr87@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Roca at ( 786 ) 521-9174  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AROC PAIN MANAGEMENT, INC.
2. The principal office address: 5300 NW 77 CT Miami Suite #203, FL 33166
3. The mailing address (if different): 5300 NW 77 CT Miami Suite #203, FL 33166
4. Date of incorporation/qualification: 1/20/2010 Document number: P10000005587
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Nancy Roca

5300 NW 77 CT Suite #203

Miami, FL 33166

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Arnoldo Colas

5300 NW 77 CT Suite #203

P.O. Box NOT acceptable

Miami, FL 33166

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Nancy Roca  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

02/04/2010  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

**FILED**  
2010 FEB - 8 A 10 11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE