2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# P10000023916

Entity Name: STUART PAIN MANAGEMENT CENTER, INC.

Current Principal Place of Business:

1146 21ST STREET
STE B
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1146 21ST STREET
STE B
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 27-2147967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARLIN, BRUCE
1146 21ST STREET
STE B
VERO BEACH, FL 32960 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: PSTD
Name: KARLIN, BRUCE
Address: 2421 NW 40 TH CIRCLE
City-St-Zip: BOCA RATON, FL 33431

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: BRUCE KARLIN PRES 03/01/2011

Electronic Signature of Signing Officer or Director — Date