

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000037629

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** NORTH PARK PAIN MANAGEMENT, INC.

**Current Principal Place of Business:**

3956 W. HILLSBOROUGH AVE.  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

3956 W. HILLSBOROUGH AVE.  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 27-2484393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALONSO, JOSE J SR  
5807 BLOSSOM AVE.  
TAMPA, FL 33614 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: PRES  
Name: ALONSO, JOSE J SR  
Address: 5807 BLOSSOM AVE.  
City-St-Zip: TAMPA, FL 33614

Title: VP  
Name: BARBON, LEIDY  
Address: 5807 BLOSSOM AVE  
City-St-Zip: TAMPA, FL 33614

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: JOSE ALONSO

PRES

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date