2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

DOCUMENT# P10000082579

Entity Name: SHARMA INSTITUTE OF PAIN MEDICINE AND REHABILITATION, P.A.

Current Principal Place of Business:

407 WEST HIGHLAND BOULEVARD, SUITE A
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

407 WEST HIGHLAND BOULEVARD, SUITE A
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 27-3671284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARMA, ANUJ D.O.
407 WEST HIGHLAND BOULEVARD, SUITE A
INVERNESS, FL 34452 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: SHARMA, ANUJ D.O.
Address: 407 WEST HIGHLAND BOULEVARD, SUITE A
City-St-Zip: INVERNESS, FL 34452

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: ANUJ SHARMA, D.O. P 03/18/2011

Electronic Signature of Signing Officer or Director — Date