2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# P10000100081

Entity Name: COASTAL PAIN SOLUTIONS, INC

Current Principal Place of Business:

2100 SE OCEAN BLVD.
SUITE 100
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

2100 SE OCEAN BLVD.
SUITE 100
STUART, FL 34996 US

New Mailing Address:

FEI Number: 27-4241171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A
TAMPA, FL 33612 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, S
Name: LEVINE, I. MARK
Address: 2100 SE OCEAN BLVD., SUITE 100
City-St-Zip: STUART, FL 34996 US

Title: T, D
Name: ALVAREZ, RAMON
Address: 2100 SE OCEAN BLVD., SUITE 100
City-St-Zip: STUART, FL 34996 US

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: MARC LEVINE PRES 03/15/2011

Electronic Signature of Signing Officer or Director — Date