

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000100081

FILED
Apr 23, 2012
Secretary of State

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:

C/O PAMELA J BUMBERA
1874 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

FEI Number: 27-4241171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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, MARK I
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 I LEVINE

PDT

04/23/2012

Electronic Signature of Signing Officer or Director

Date