

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000030803

FILED
Apr 27, 2012
Secretary of State

Entity Name: ST. JOSEPH PAIN & ANESTHESIA CONSULTANTS, P.A.

Current Principal Place of Business:

1804 WIND RIDGE CT.
ORANGE PARK, FL 32003 US

New Principal Place of Business:

1804 WIND RIDGE CT.
FLEMING ISLAND, FL 32003 US

Current Mailing Address:

1804 WIND RIDGE CT.
ORANGE PARK, FL 32003 US

New Mailing Address:

1804 WIND RIDGE CT.
FLEMING ISLAND, FL 32003 US

FEI Number: 45-1266168

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 OAK COURT
SUITE A
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

PARDO, REYNALDO M.D.
1804 WIND RIDGE CT.
FLEMING ISLAND, FL 32003 US

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: REYNALDO PARDO, M.D.

04/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, T
Name: PARDO, REYNALDO
Address: 1804 WIND RIDGE CT.
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: D
Name: PARDO, REYNALDO
Address: 1804 WIND RIDGE CT.
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: S
Name: PARDO, CARLA J
Address: 1804 WIND RIDGE CT.
City-St-Zip: FLEMING ISLAND, FL 32003 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: REYNALDO PARDO, M.D.

PT

04/27/2012

Electronic Signature of Signing Officer or Director

Date