

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000068021

FILED
Jun 20, 2012
Secretary of State

Entity Name: BISTLINE INTERVENTIONAL PAIN MANAGEMENT, INC.

Current Principal Place of Business:

2047 PALM BEACH LAKES BLVD.
300
WEST PALM BEACH, FL 33409

New Principal Place of Business:

2031 PALM BEACH LAKES BLVD
100
WEST PALM BEACH, FL 33409

Current Mailing Address:

2047 PALM BEACH LAKES BLVD.
300
WEST PALM BEACH, FL 33409

New Mailing Address:

2031 PALM BEACH LAKES BLVD
100
WEST PALM BEACH, FL 33409

FEI Number: 45-3692946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEVEN L. ROBBINS, P. A.
2047 PALM BEACH LAKES
100
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

STEVEN L. ROBBINS, P. A.
2031 PALM BEACH LAKES BLVD
100
WEST PALM BEACH, FL 33409 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: STEVE ROBBINS

06/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BISTLINE, JANE E MD
Address: 2031 PALM BEACH LAKES BLVD SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

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: JANE BISTLINE

MD

06/20/2012

Electronic Signature of Signing Officer or Director

Date