

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000088357

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** BODY PAIN MEDICAL CENTER, INC.

**Current Principal Place of Business:**

11680 BONITA BEACH ROAD SUITE # 100  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

11680 BONITA BEACH ROAD SUITE # 100  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 45-3566206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, JENNY  
8890 TERRENE COURT  
BONITA SPRINGS, FL 34135 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  
**Name:** BODINE, ROBERT M  
**Address:** 8890 TERRENE COURT  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** VP  
**Name:** TORRES, JENNY  
**Address:** 8890 TERRENE COURT  
**City-St-Zip:** BONITA SPRINGS, FL 34135

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:** ROBERT M. BODINE

OWNE

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date