

PH1000088357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

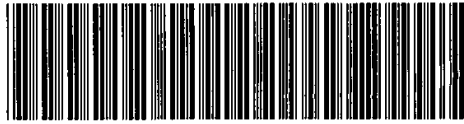
(Document Number)

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Certificates of Status \_\_\_\_\_

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*PA  
change*

05/07/12--01038--006 \*\*192.50

FILED  
2012 MAY -7 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PA  
5/11/12*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Body Pain Medical Center, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P11000088357

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry W./ Sutphin

Name of Contact Person

Body Pain Medical Center, Inc

Firm/Company

11680 Bonita Beach Road #100

Address

Bonita Springs, FL 34134

City/State and Zip Code

bodypainmedicalcenter@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Sutphin

Name of Contact Person

at ( 239 ) 676-9289

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Body Pain Medical Center, Inc
2. The principal office address: 11680 Bonita Beach Road #100  
Bonita Springs, FL 34134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/07/2011 Document number: P11000088357
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jenny Torres

8890 Terrene Ct

Bonita Springs, FL 34135

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Barry W Sutphin

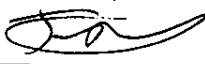
8838 NW 75Th Ct

P.O. Box NOT acceptable

Tamarac, FL. 33321

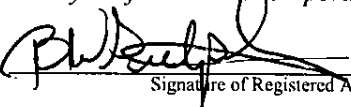
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

JENNY TORRES  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

5/3/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

FILED  
2012 MAY -7 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA