

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000088720

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** AMC PAIN MANAGEMENT & REHABILITATION INC.

**Current Principal Place of Business:**

950 N KROME AVE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

950 N KROME AVE STE 106  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 45-3577146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DSORIO, ALAIN  
950 N KROME AVE  
HOMESTEAD, FL 33030 US

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

OSORIO, ALAIN  
950 N KROME AVE  
HOMESTEAD, FL 33030 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: ALAIN OSORIO

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OSORIO, ALAIN  
Address: 950 N KROME AVE  
City-St-Zip: HOMESTEAD, FL 33030

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: ALAIN OSORIO

P

03/21/2012

Electronic Signature of Signing Officer or Director

Date