

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000100982

**FILED**  
**Sep 14, 2012**  
**Secretary of State**

**Entity Name:** PAIN PHYSICIANS OF CENTRAL FLORIDA, P.A.

**Current Principal Place of Business:**

515 E PARK AVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

1613 N. HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323

**Current Mailing Address:**

515 E PARK AVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

1613 N. HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323

**FEI Number:** 45-3912103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: DPST  
Name: GREENFIELD, ANDREW MD  
Address: 1613 N. HARRISON PARKWAY  
City-St-Zip: SUITE 200, FL 33323

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: ANDREW GREENFIELD, M.D.

DPST

09/14/2012

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

\_\_\_\_\_  
Date