2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: PAIN MANAGEMENT CONSULTANTS, APRIL QUINONES, M.D., P.A.

Current Principal Place of Business:

2300 S.CONGRESS AVE.
108
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

2300 S.CONGRESS AVE.
108
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 65-0412082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINONES, JOSE MD
6304 N OCEAN BLVD.
OCEAN RIDGE, FL 33435 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: PD
Name: QUINONES, APRIL MD
Address: 6304 N. OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33435

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: JOSE QUINONES RA 01/07/2011

Electronic Signature of Signing Officer or Director Date