

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000040839

Entity Name: THE CHEST PAIN CLINIC, INC.

FILED
Apr 30, 2011
Secretary of State

Current Principal Place of Business:

777 E. 25 ST
SUITE #112
HIALEAH, FL 33013

New Principal Place of Business:

14600 NW. 60TH. AVE.
UNIT B
MIAMI LAKES, FL 33014

Current Mailing Address:

777 E. 25 ST
SUITE #112
HIALEAH, FL 33013

New Mailing Address:

14600 NW. 60TH. AVE.
UNIT B
MIAMI LAKES, FL 33014

FEI Number: 65-0426430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORA, JULIO C MD.
777 E. 25 ST
SUITE #112
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

LORA, JULIO C MD.
14600 NW. 60TH. AVE.
UNIT B
MIAMI LAKES, FL 33014 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: JULIO C. LORA

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST
Name: LORA, JULIO C MD.
Address: 14600 NW. 60TH. AVE., UNIT B
City-St-Zip: MIAMI LAKES, FL 33014

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: JULIO C. LORA

D

04/30/2011

Electronic Signature of Signing Officer or Director

Date