

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000040839

Entity Name: THE CHEST PAIN CLINIC, INC.

FILED
Apr 16, 2012
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

351 NW. LE JEUNE RD.
SUITE 102
MIAMI, FL 33126

Current Mailing Address:

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

New Mailing Address:

351 NW. LE JEUNE RD.
SUITE 102
MIAMI, FL 33126

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

Name and Address of New Registered Agent:

LORA, JULIO C MD.
351 NW. LE JUENE RD..
SUITE 102
MIAMI, FL 33126 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

04/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O/D
Name: LORA, JULIO C MD.
Address: 351 NW. LE JEUNE RD., SUITE 102
City-St-Zip: MIAMI, FL 33126

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

O/D

04/16/2012

Electronic Signature of Signing Officer or Director

Date