

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075248

FILED
Jul 28, 2010
Secretary of State

Entity Name: BOCA OROFACIAL PAIN CENTER, P.A.

Current Principal Place of Business:

3401 N FEDERAL HWY
STE 101
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3401 N FEDERAL HWY
STE 101
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0445186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCUR, ALVARO
3401 N FEDERAL HWY
STE 101
BOCA RATON, FL 33431 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: P
Name: BETANCUR, ALVARO
Address: 3401 N FEDERAL HWY #101
City-St-Zip: BOCA RATON, FL 33431

Title: VP
Name: BETANCUR, CECILIA
Address: 581 PHILLIPS DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: S
Name: BETANCUR, ROSA
Address: 6161 NW 2 AVE #416
City-St-Zip: BOCA RATON, FL 33431

Title: T
Name: AGUDELO, PAULA A
Address: 581 PHILLIPS DR
City-St-Zip: BOCA RATON, FL 33432

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: PAULA AGUDELO

VP

07/28/2010

Electronic Signature of Signing Officer or Director

Date