

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000008711

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA PAIN MANAGEMENT INC.

**Current Principal Place of Business:**

6333 - 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

6333 - 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33709

**New Mailing Address:**

**FEI Number:** 59-3291895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASSAN, KAZI M  
6333 - 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33709 US

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

DIAZ KHALSI, VIVIANA  
6333 - 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33709 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: VIVIANA DIAZ KHALSI

03/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: HASSAN, KAZI M M.D.  
Address: 6333 54TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33709

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: KAZI M HASSAN

MGR

03/08/2010

Electronic Signature of Signing Officer or Director

Date