

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044736

FILED
Apr 12, 2011
Secretary of State

Entity Name: MICHAEL D. SOLOMON, M.D., P.A.

Current Principal Place of Business:

PINELLAS PAIN MGMT. CENTER
3190 MCMULLEN BOOTH RD. SUITE 202
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

PINELLAS PAIN MGMT. CENTER
3190 MCMULLEN BOOTH RD. SUITE 202
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3318904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT ST
SUITE 102
CLEARWATER, FL 34616 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: DR.
Name: SOLOMON, MICHAEL D
Address: 3190 MCMULLEN BOOTH RD. SUITE 202
City-St-Zip: CLEARWATER, FL 33761

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: MICHAEL D SOLOMON

DR

04/12/2011

Electronic Signature of Signing Officer or Director

Date