

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078284

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** FLORIDA PAIN MANAGEMENT PHYSICIANS, P.A.

**Current Principal Place of Business:**

5622 MARINE PKWY  
SUITE 12  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

5539 MARINE PKWY  
SUITE 9  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

PO BOX 1209  
NEW PORT RICHEY, FL 346561209

**New Mailing Address:**

**FEI Number:** 11-3293786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERNST, BRUCE R  
5622 MARINE PKWY  
NEW PORT RICHEY, FL 34652 US

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

ERNST, BRUCE R  
5539 MARINE PKWY  
SUITE 9  
NEW PORT RICHEY, FL 34652 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: BRUCE R ERNST

01/13/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ERNST, BRUCE R  
Address: 5622 MARINE PKWY STE 12  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP ( ) Delete  
Name: ERNST, PETER S  
Address: 5622 MARINE PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ERNST, BRUCE R  
Address: 5539 MARINE PKWY STE 9  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP (X) Change ( ) Addition  
Name: ERNST, PETER S  
Address: 5539 MARINE PKWY SUITE 9  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE R ERNST

OFFI

01/13/2009

Electronic Signature of Signing Officer or Director

Date