2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

5539 MARINE PKWY
SUITE 9
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

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
5539 MARINE PKWY
SUITE 9
NEW PORT RICHEY, FL 34652 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: ERNST, BRUCE R
Address: 5539 MARINE PKWY STE 9
City-St-Zip: NEW PORT RICHEY, FL 34652

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

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: BRUCE R ERNST PRES 01/06/2011

Electronic Signature of Signing Officer or Director — Date