2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2012
Secretary of State

DOCUMENT# P96000013398

Entity Name: THE FOUNDATION FOR PAIN MANAGEMENT, INC.

Current Principal Place of Business:

4979 OLD STREET RD
STE 1A
TREVOSE, PA 19053 US

New Principal Place of Business:

Current Mailing Address:

4979 OLD STREET RD
STE 1A
TREVOSE, PA 19053 US

New Mailing Address:

FEI Number: 23-2848583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTELLO, THOMAS
2300 DIANA DRIVE
SUITE 204
HALLANDALE BEACH, FL 33009 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: PRES
Name: COSTELLO, THOMAS D.O.
Address: 2300 DIANA DRIVE SUITE 204
City-St-Zip: HALLANDALE BEACH, FL 33009

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: THOMAS COSTELLO D.O.,FAOCA PRES 03/14/2012

Electronic Signature of Signing Officer or Director Date