

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000071707

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** SOUTHWEST PAIN MEDICINE PHYSICIANS, P.A.

**Current Principal Place of Business:**

1074 E VENICE AVE  
VENICE, FL 34292

**New Principal Place of Business:**

8360 CANARY PALM CT  
SARASOTA, FL 34238

**Current Mailing Address:**

1074 E VENICE AVE  
VENICE, FL 34292

**New Mailing Address:**

8360 CANARY PALM CT  
SARASOTA, FL 34238

**FEI Number:** 65-0700341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YARD, LAURA  
1074 E. VENICE AVE  
VENICE, FL 34285 US

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

YARD, LAURA  
8360 CANARY PALM CT  
SARASOTA, FL 34238 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: LAURA YARD

09/07/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: YARD, LAURA M.D.  
Address: 1074 E VENICE AVENUE  
City-St-Zip: VENICE, FL 34292

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

Title: P (X) Change ( ) Addition  
Name: YARD, LAURA M.D.  
Address: 8360 CANARY PALM CT  
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURA YARD

P

09/07/2005

Electronic Signature of Signing Officer or Director

Date