

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097711

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

603 7TH STREET SOUTH, SUITE 340  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

603 7TH STREET SOUTH, SUITE 340  
SUITE 340  
ST. PETERSBURG, FL 33701 US

**Current Mailing Address:**

603 7TH STREET SOUTH, SUITE 340  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

603 7TH STREET SOUTH, SUITE 340  
SUITE 340  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 59-3414818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRIMBLE, GERALD E M.D.  
603 7TH STREET SOUTH, SUITE 340  
ST. PETERSBURG, FL 33701 US

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

TRIMBLE, GERALD E M.D.  
603 7TH STREET SOUTH, SUITE 340  
SUITE 340  
ST. PETERSBURG, FL 33701 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:

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TRIMBLE, GERALD E  
Address: 1652 SUNNYBROOK LANE  
City-St-Zip: CLEARWATER, FL 33764

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: GERALD E. TRIMBLE

P

01/06/2011

Electronic Signature of Signing Officer or Director

Date