

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
SUITE 340
ST. PETERSBURG, FL 33701 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: 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

DR.

01/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date