

P97000064347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

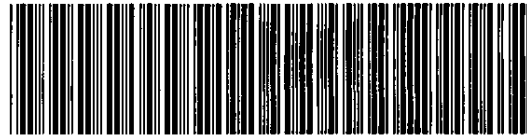
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/22/11--01002--010 **140.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA Change
News
7-22-11

CFRA, LLC
REGISTERED AGENT SERVICES
A SUBSIDIARY OF CARLTON FIELDS

100 S. Ashley Drive
Suite 400
Tampa, Florida 33602

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

July 20, 2011

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

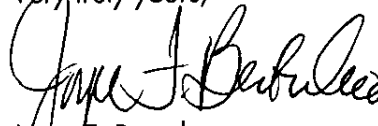
Re: **C&S BILLING, INC.**
DPMG, INC.
DOCTOR'S PAIN MANAGEMENT GROUP, INC.
DOCTOR'S PAIN MANAGEMENT GROUP OF BRANDON, INC.

Gentlemen:

Please find enclosed Statement of Change Forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 508474 totaling \$140.00 for the filing fees for these entities.

RECEIVED
11 JUL 22 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Very truly yours,


Joyce F. Bentubo
Secretary

JFB/kmt
Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Doctor's Pain Management Group, Inc.
2. The principal office address: 8939 N Dale Mabry Hwy, Tampa, FL 33614
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/23/1997 Document number: P97000064347
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Fleming, Linda Esq

4221 W. Boy Scout Blvd. Suite 100
Tampa, FL 33607 US

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

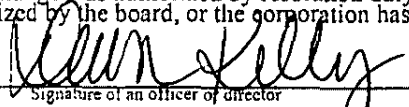
CFRA, LLC

100 S. Ashley Drive, Ste 400
P.O. Box NOT acceptable

Tampa, FL 33602

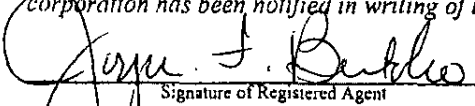
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Dawn Kelly, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.


Signature of Registered Agent

7/19/11
Date

If signing on behalf of an entity:

Joyce F. Bentubo
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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