

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000064347

FILED
Jan 09, 2012
Secretary of State

Entity Name: DOCTOR'S PAIN MANAGEMENT GROUP, INC.

Current Principal Place of Business:

8939 N DALE MABRY HWY
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8939 N DALE MABRY HWY
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3461555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
100 S. ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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: KELLY, DAWN
Address: 8939 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33614

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: DAWN KELLY

P

01/09/2012

Electronic Signature of Signing Officer or Director

Date