2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# P97000096017

Entity Name: S.W. FLORIDA PAIN CENTER, INC.

Current Principal Place of Business:

19621 COCHRAN BLVD
UNIT #1
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

19621 COCHRAN BLVD
UNIT #1
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: 65-0797144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ACOSTA, BONNIE
19621 COCHRAN BLVD
UNIT #1
PORT CHARLOTTE, FL 33948 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: D
Name: VALENTE, LOUIS K MD
Address: 19621 COCHRAN BLVD UNIT 1
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: LOUIS K VALENTE MD D 03/21/2011

Electronic Signature of Signing Officer or Director Date