

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000042997

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ASA PAIN RELIEF THERAPIES, INC.

**Current Principal Place of Business:**

749 U.S. HIGHWAY 1, STE. 125  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

745 U.S. HIGHWAY 1, STE. 202  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

8736 SE LONGVIEW DR  
HOBE SOUND, FL 33455

**New Mailing Address:**

**FEI Number:** 65-0839647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, ALISON S  
8736 SE LONGVIEW DR  
HOBE SOUND, FL 33455 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: PSD  
Name: ADAMS, ALISON S  
Address: 8736 SOUTHEAST LONGVIEW DR.  
City-St-Zip: HOBE SOUND, FL 33455

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: ALISON SUE ADAMS

PSD

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date