

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068508

FILED
Mar 01, 2012
Secretary of State

Entity Name: PAIN MANAGEMENT SPECIALISTS OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

1301 PLANTATION ISLAND DR.
SUITE 301
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1093 A1A BEACH BLVD.
SUITE 390
ST.AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3523458 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MONZON, RAUL A
1301 PLANTATION ISLAND DR.
SUITE 301
SAINT AUGUSTINE, FL 32080 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,P
Name: MONZON, RAUL A
Address: 1301 PLANTATION ISLAND DR., STE 301
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: RAUL A. MONZON

P

03/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date