2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# P98000094036

Entity Name: LAKE WORTH PAIN CENTER, P.A.

Current Principal Place of Business:

7480 LAKE WORTH RD.
LAKE WORTH, FL 33467

New Principal Place of Business:

7408 LAKE WORTH RD
LAKE WORTH, FL 33467

Current Mailing Address:

7480 LAKE WORTH RD.
LAKE WORTH, FL 33467

New Mailing Address:

7408 LAKE WORTH RD
LAKE WORTH, FL 33467

FEI Number: 65-0877205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEPP, CHRISTINE A
7480 LAKE WORTH RD.
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

KLEPP, CHRISTINE A MD
7408 LAKE WORTH RD
LAKE WORTH, FL 33467 US

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: CHRISTINE KLEPP 01/18/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: KLEPP, CHRISTINE A MD
Address: 7408 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33467

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: CHRISTINE KLEPP MD P 01/18/2011
Electronic Signature of Signing Officer or Director Date