

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000094036

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

7408 LAKE WORTH RD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

10115 FOREST HILL BLVD  
SUITE 102  
WELLINGTON, FL 33414

**Current Mailing Address:**

7408 LAKE WORTH RD  
LAKE WORTH, FL 33467

**New Mailing Address:**

10115 FOREST HILL BLVD  
SUITE 102  
WELLINGTON, FL 33414

**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 MD  
7408 LAKE WORTH RD  
LAKE WORTH, FL 33467 US

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

KLEPP, CHRISTINE A MD  
8407 ARIMA LANE  
WELLINGTON, FL 33414 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:

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KLEPP, CHRISTINE A MD  
Address: 8407 ARIMA LANE  
City-St-Zip: WELLINGTON, FL 33414

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 A KLEPP, MD

P

04/27/2012

Electronic Signature of Signing Officer or Director

Date