

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105629

FILED
Apr 20, 2009
Secretary of State

Entity Name: GULF COAST PAIN MANAGEMENT, P.A.

Current Principal Place of Business:

3890 TAMPA ROAD
SUITE 308
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

3890 TAMPA ROAD
SUITE 308
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3549370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLUMBUS, LYNN C
3890 TAMPA ROAD, STE. 308
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

COLUMBUS, LYNNE C DO
3890 TAMPA ROAD, STE. 308
PALM HARBOR, FL 34684 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: LYNNE C COLUMBUS DO

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: COLUMBUS, LYNNE C DO
Address: 12514 RAWHIDE DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNNE C COLUMBUS DO

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date