

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105629

FILED  
Feb 26, 2012  
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, LYNNE C DO  
3890 TAMPA ROAD  
SUITE 308  
PALM HARBOR, FL 34684 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: PRES  
Name: COLUMBUS, LYNNE C DO  
Address: 12514 RAWHIDE DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: SCTR  
Name: COLUMBUS, LYNNE C DO  
Address: 12514 RAWHIDE DRIVE  
City-St-Zip: TAMPA, FL 33626

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: LYNNE CARR COLUMBUS

OWNE

02/26/2012

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

\_\_\_\_\_  
Date