# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 18, 2011**
**Secretary of State**

DOCUMENT# P99000000026

**Entity Name:** CENTRAL FLORIDA PAIN MANAGEMENT, INC.

**Current Principal Place of Business:**

410 FIRST STREET SOUTH
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

410 FIRST STREET SOUTH
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

**FEI Number: 59-3548123** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MARTIN, E. SNOW JR.
200 LAKE MORTON DR.
LAKELAND, FL 33801 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: MD
Name: LIPSON, ANA D
Address: 410 FIRST STREET SOUTH
City-St-Zip: WINTER HAVEN, FL 33880 US

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: ANA DELIA LIPSON MD 05/18/2011

Electronic Signature of Signing Officer or Director Date