

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039337

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** ADVANCE PAIN MANAGEMENT OF FLORIDA INC.

**Current Principal Place of Business:**

1100 NW 95TH ST  
2ND FLOOR  
MIAMI, FL 331502038

**New Principal Place of Business:**

**Current Mailing Address:**

1100 NW 95TH ST  
2ND FLOOR  
MIAMI, FL 331502038

**New Mailing Address:**

**FEI Number:** 65-0915812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VENDRYES, CHRISTOPHER G  
1100 NW 95 ST  
2ND FLOOR  
MIAMI, FL 331502038 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: P  
Name: VENDRYES, CHRISTOPHER G  
Address: 14422 SW 92 COURT  
City-St-Zip: MIAMI, FL 33176

Title: V  
Name: SCHOU, MICHAEL J MD  
Address: 4245 LAKE RD  
City-St-Zip: MIAMI, FL 33137

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: DR CHRISTOPHER VENDRYES

P

01/17/2012

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

\_\_\_\_\_  
Date