2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P99000074946

Entity Name: PHYSIATRY PAIN MANAGEMENT, P.A.

Current Principal Place of Business:

999 MAR WALT DRIVE
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

999 MAR WALT DRIVE
FT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3591941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITELL, LISA Y
4400 E. HWY 20 # 206
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

PITELL, LISA Y
4565 COMMMERCIAL DRIVE
#103
NICEVILLE, FL 32578 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: _____ 01/06/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: ZONDLO, FRANK M.D.
Address: 462 CAPTAINS CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: ZONDLO, FRANK M.D.
Address: 999 MAR WALT DRIVE
City-St-Zip: DESTIN, FL 32541

Title: DR. ( ) Change (X) Addition
Name: ZONDLO, FRANK M.D.
Address: 462 CAPTAINS CIRCLE
City-St-Zip: DESTIN, FL 32541

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: FRANK ZONDLO M.D. CEO 01/06/2009
Electronic Signature of Signing Officer or Director — Date