

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074946

FILED
Feb 18, 2011
Secretary of State

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:

907 MAR WALT DRIVE
SUITE 2013
FT WALTON BEACH, FL 32547

Current Mailing Address:

999 MAR WALT DRIVE
FT WALTON BEACH, FL 32547

New Mailing Address:

907 MAR WALT DRIVE
SUITE 2013
FT WALTON BEACH, FL 32547

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
4565 COMMERCIAL DRIVE
#103
NICEVILLE, FL 32578 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: DR.
Name: ZONDLO, FRANK M.D.
Address: 907 MAR WALT DRIVE, SUITE 2013
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DR.
Name: ZONDLO, FRANK M.D.
Address: 400 KELLY PLANTATION DRIVE, #903
City-St-Zip: DESTIN, FL 32541

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: FRANK ZONDLO

M.D.

02/18/2011

Electronic Signature of Signing Officer or Director

Date