

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000074946

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** PHYSIATRY PAIN MANAGEMENT, P.A.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

907 MAR WALT DRIVE  
SUITE 2013  
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  
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 C ZONDLO MD

MD

04/18/2012

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

\_\_\_\_\_  
Date