## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85954

FILED Mar 24, 2012 Secretary of State

Entity Name: FORT LAUDERDALE PAIN MEDICINE, INC.

**New Principal Place of Business: Current Principal Place of Business:** 1930 NE 47TH ST. STE 300 FORT LAUDERDALE, FL 33308 **Current Mailing Address: New Mailing Address:** 2200 SUNRISE KEY BLVD FORT LAUDERDALE, FL 33304 FEI Number: 65-0294902 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SZEINFELD, MARCOS 1930 NE 47TH. ST. 300 FORT LAUDERDALE, FL 33308 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: Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: MD

Name: SZEINFELD, MARCOS Address: 2200 SUNRISE KEY BLVD. City-St-Zip: FT LAUDERDALE, FL

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: MS MD 03/24/2012