2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2011
Secretary of State

DOCUMENT# S99961

Entity Name: NEUROLOGY AND PAIN MANAGEMENT OF THE PALM BEACHES, P.A.

Current Principal Place of Business:

658 W INDIANTOWN RD
212
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

658 W INDIANTOWN RD
212
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 65-0300205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRVINE MASON
658 W INDIAN TOWN RD #212
JUPITER, FL 33458 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: PRES
Name: MASON, IRVINE
Address: 658 W INDIANTOWN RD #212
City-St-Zip: JUPITER, FL 33458

Title: SEC
Name: MASON, JILL
Address: 658 W INDIANTOWN RD #212
City-St-Zip: JUPITER, FL 33458

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: JILL MASON SEC 01/09/2011

Electronic Signature of Signing Officer or Director Date