2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2010
Secretary of State

DOCUMENT# V16496

Entity Name: THE PAIN CLINIC OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

2250 HARRISON AVE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 148
PANAMA CITY, FL 324020148 US

New Mailing Address:

2250 HARRISON AVE
PANAMA CITY, FL 32405 US

FEI Number: 59-3110306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOSEPH, ROBERT J M.D.
2250 HARRISON AVE
PANAMA CITY, FL 32405 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR
Name: JOSEPH, ROBERT J MD
Address: 2250 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: DR
Name: SHORES, AARON J MD
Address: 2250 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

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: ROBERT J JOSEPH DR 01/12/2010

Electronic Signature of Signing Officer or Director Date