2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24195

FILED Apr 29, 2011 Secretary of State

Entity Name: AMERICAN ASSOCIATED PAIN CONTROL CENTER, INC.

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
20445 BISCAYNE BLVD. H-1				
AVENTURA, FL 33180				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
20445 BISCAYNE BLVD. H-1				
AVENTURA, FL 33180				
El Number: 65-0324153	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
RODRIGUEZ, CARLOS A 20445 BISCAYNE BLVD. STE H1 AVENTURA, FL 33180 L				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.				
SIGNATURE:				
Electroni	c Signature of Registered Age	nt	Date	

OFFICERS AND DIRECTORS:

Title: PSD

Name: RODRIGUEZ, CARLOS A
Address: 20445 BISCAYNE BLVD. STE. H1
City-St-Zip: AVENTURA, FL 33180

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: CARLOS A. RODRIGUEZ DR. 04/29/2011