2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2011
Secretary of State

DOCUMENT# V59378

Entity Name: THE TMJ AND FACIAL PAIN CENTER, P.A.

Current Principal Place of Business:

5454 CENTRAL AVE
STE C
ST. PETERSBURG, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

5454 CENTRAL AVE
STE C
ST. PETERSBURG, FL 33707 US

New Mailing Address:

FEI Number: 59-3142751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, MELVIN H
5454 CENTRAL AVE STE C
ST PETERSBURG, FL 33707 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: PD
Name: FINOCCHI, RICHARD J. DDS
Address: 5454 CENTRAL AVE
City-St-Zip: ST. PETERSBURG, FL 33707

Title: STD
Name: COHEN, MELVIN H. D.D.S.
Address: 5454 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 333707

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: RICHARD J. FINOCCHI DDS VP 02/20/2011

Electronic Signature of Signing Officer or Director Date