

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068377

Entity Name: COMPREHENSIVE PAIN MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2051 45TH STREET
SUITE 108
WEST PALM BEACH, FL 33407

Current Mailing Address:

2051 45TH STREET
SUITE 108
WEST PALM BEACH, FL 33407

FEI Number: 01-0733772

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLODIG, GREGORY JESQ.
100 W. CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE, FL 33309 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

Officer/Director Detail :

Title DR
Name GHIGNONE, MARCO
Address 2051 45TH STREET , SUITE 108
City-State-Zip: WEST PALM BEACH FL 33407

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: MARCO GHIGNONE

DIRECTOR

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date