

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078284

Entity Name: FLORIDA PAIN MANAGEMENT PHYSICIANS, P.A.

Current Principal Place of Business:

5539 MARINE PKWY
SUITE 9
NEW PORT RICHEY, FL 34652

Current Mailing Address:

PO BOX 1209
NEW PORT RICHEY, FL 34656-1209

FEI Number: 11-3293786

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERNST, BRUCE R
5539 MARINE PKWY
SUITE 9
NEW PORT RICHEY, FL 34652 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 P
Name ERNST, BRUCE R
Address 5539 MARINE PKWY STE 9
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name ERNST, PETER S
Address 5539 MARINE PKWY SUITE 9
City-State-Zip: NEW PORT RICHEY FL 34652

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: BRUCE R ERNST

PRES

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date