

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 14, 2012
Secretary of State**

DOCUMENT# P11000100982

Entity Name: PAIN PHYSICIANS OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

515 E PARK AVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

1613 N. HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323

Current Mailing Address:

515 E PARK AVE
TALLAHASSEE, FL 32301

New Mailing Address:

1613 N. HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323

FEI Number: 45-3912103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: DPST
Name: GREENFIELD, ANDREW MD
Address: 1613 N. HARRISON PARKWAY
City-St-Zip: SUITE 200, FL 33323

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: ANDREW GREENFIELD, M.D.

DPST

09/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date