# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2012**
**Secretary of State**

DOCUMENT# P01000041471

**Entity Name:** JIANDE PAIN CARE CENTER, INC.

**Current Principal Place of Business:**

9300 SW 87TH AVE., SUITE 7
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

9300 SW 87TH AVE., SUITE 7
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number: 65-1107876** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MA, JIAN
9300 SW 87TH AVE., SUITE 7
MIAMI, FL 33176 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: MA, JIAN
Address: 6904 SW 88TH ST F204
City-St-Zip: PINECREST, FL 33156

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: JIAN MA P 04/30/2012

Electronic Signature of Signing Officer or Director — Date