

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014922

FILED
Apr 08, 2012
Secretary of State

Entity Name: SOUTH LAKE PAIN INSTITUTE, INC.

Current Principal Place of Business:

845 OAKLEY SEAVER DR
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

845 OAKLEY SEAVER DR
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-2284311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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: PSTD
Name: SARANITA, JULIE D.O.
Address: 12907 TIGER LILLY COURT
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: PAEZ, JULIO M.D.
Address: 845 OAKLEY SEAVER DR.
City-St-Zip: CLERMONT, FL 34711

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: JULIE SARANITA

PSTD

04/08/2012

Electronic Signature of Signing Officer or Director

Date