

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050098

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** PAINMD & WELLNESS CENTER, INC.

**Current Principal Place of Business:**

4006 FIESTA PLAZA  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3445 HERON ISLAND DR  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 20-8903648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRUZ, JOSE L DR  
3445 HERON ISLAND DRIVE  
NEW PORT RICHEY, FL 34655 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: P  
Name: CRUZ, JOSE L DR  
Address: 3445 HERON ISLAND DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP  
Name: CRUZ, VIRTUDES M MRS  
Address: 3445 HERON ISLAND DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JOSE L CRUZ

P

02/15/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date