

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000024028

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** LIFE EXTENSION PAIN AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

1418 S. FEDERAL HIGHWAY  
DANIA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

1418 S. FEDERAL HIGHWAY  
DANIA, FL 33004

**New Mailing Address:**

FEI Number: 26-4473382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EDSON, LAURENCE J  
2500 HOLLYWOOD BLVD.  
STE. 201  
HOLLYWOOD, FL 33020 US

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

EDSON, LAURENCE J  
1489 W. PALMETTO PARK RD.  
STE. 425  
BOCA RATON, FL 33486 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: /LAURENCE J. EDSON/

04/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TISNOR, ODYE  
Address: 1418 S. FEDERAL HIGHWAY  
City-St-Zip: DANIA, FL 33004

Title: VP  
Name: SIMS, CAROL  
Address: 1418 S FEDERAL HWY  
City-St-Zip: DANIA, FL 33004

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: /CAROL SIMS/

VP

04/20/2012

Electronic Signature of Signing Officer or Director

Date