

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013419

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** NORTH LAKE LAND PAIN & TRAUMA, INC.

**Current Principal Place of Business:**

5516 U.S. 98 NORTH  
LAKE LAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

5516 U.S. 98 NORTH  
LAKE LAND, FL 33809

**New Mailing Address:**

**FEI Number:** 59-3231594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETRONE, GLORIA G  
5516 U.S. 98 NORTH  
LAKE LAND, FL 33809 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PETRONE, GLORIA  
Address: 5516 US 98 NORTH  
City-St-Zip: LKLD, FL 33809

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: GLORIA PETRONE

CEO

03/15/2010

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

\_\_\_\_\_ Date