2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2010
Secretary of State

DOCUMENT# P98000079180

Entity Name: ORLANDO PAIN & MEDICAL REHABILITATION CENTER, WS, INC.

Current Principal Place of Business:

8133 CANYON LAKE CIRCLE
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

8133 CANYON LAKE CIRCLE
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 59-3555278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, STEVEN C
100 DETMAR DR
WINTER PARK, FL 32789 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: BURNS, STEVEN C
Address: 100 DETMAR DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: VP
Name: OLIVEROS, PEDRO
Address: 352 TWELVE OAKS DR
City-St-Zip: WINTER SPRINGS, FL 32708

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: PEDRO OLIVEROS VP 01/12/2010

Electronic Signature of Signing Officer or Director Date