HA SHERILL SW 16TH STREET ROKE PINES, FL 33029 US	16TH STREET		
ove named entity submits this statement for the p ATURE:	ourpose of changing its registered offic	ce or registered agent, or both, in the State	
Electronic Signature of Register	ered Agent		
er/Director Detail :			
Р	Title	т	

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000012548

Entity Name: PURPOSE BEHIND THE PAIN, INC.

Current Principal Place of Business:

19150 SW 16TH STREET PEMBROKE PINES. FL 33029

Current Mailing Address:

19150 SW 16TH STREET PEMBROKE PINES. FL 33029

FEI Number: 85-4097854

Name and Address of Current Registered Agent:

907 SE HALL STREET STUART FL 34994

MARTH 19150 S PEMBR

The abou of Florida.

SIGNA

Address

City-State-Zip:

Office Title Title MARTHA SHERILL FLORETTA SHERILL Name Name 19150 SW 16TH STREET **636 RANNEY STREET** Address Address City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: PEMBROKE PINES FL 33029 Title В Name HAMILTON, AUDREY

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA SHERILL

Ρ

Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 29, 2024 Secretary of State 3292925579CC

Certificate of Status Desired: No