

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041471

Entity Name: JIANDE PAIN CARE CENTER, INC.

Current Principal Place of Business:

9300 SW 87TH AVE., SUITE 7
MIAMI, FL 33176

Current Mailing Address:

9300 SW 87TH AVE., SUITE 7
MIAMI, FL 33176

FEI Number: 65-1107876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MA, JIAN
9300 SW 87TH AVE., SUITE 7
MIAMI, FL 33176 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MA, JIAN
Address 6904 SW 88TH ST F204
City-State-Zip: PINECREST FL 33156

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: JIAN MA

PRESIDENT

09/25/2014

Electronic Signature of Signing Officer/Director Detail

Date