

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000119590

**Entity Name:** PAIN AND INJURY RECOVERY CENTER, INC.

**Current Principal Place of Business:**

324 W. OAK ST  
KISSIMMEE, FL 34741

**Current Mailing Address:**

324 W. OAK ST  
KISSIMMEE, FL 34741 US

**FEI Number:** 42-1558339

**Certificate of Status Desired:** No

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

JUGO, MICHAEL A  
324 W OAK ST  
KISSIMMEE, FL 34741 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:** MICHAEL JUGO

04/04/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name JUGO, MICHAEL A  
Address 324 W. OAK ST  
City-State-Zip: KISSIMMEE FL 34741

Title P  
Name MENESES, GRACE  
Address 324 W. OAK ST  
City-State-Zip: KISSIMMEE FL 34741

*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:** MICHAEL JUGO

VP

04/04/2014

Electronic Signature of Signing Officer/Director Detail

Date