2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2014
Secretary of State
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Entity Name: PHYSIATRIC PAIN & MEDICAL REHABILITATION CLINIC, P.A.

Current Principal Place of Business:

METROWEST CENTER
882 SOUTH KIRKMAN, STE 305
ORLANDO, FL 32811

Current Mailing Address:

METROWEST CENTER
882 SOUTH KIRKMAN, STE 305
ORLANDO, FL 32811 US

FEI Number: 20-0642692

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NWAOGWUGWU, NNAMDI MD
PHYSIATRIC PAIN & MEDICAL REHABILITATION
882 SOUTH KIRKMAN, STE 305
ORLANDO, FL 32811 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	DPS	Title	DPS
Name	NWAOGWUGWU, NNAMDI MD	Name	NWAOGWUGWU, FELITA OFFICER
Address	882 SOUTH KIRKMAN, STE 305	Address	882 SOUTH KIRKMAN, STE 305
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

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: NWAOGWUGWU, NNAMDI PRESIDENT 01/25/2014

Electronic Signature of Signing Officer/Director Detail — Date