

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014931

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, NNAMD 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
Name NWAOGWUGWU, NNAMD MD
Address 882 SOUTH KIRKMAN, STE 305
City-State-Zip: ORLANDO FL 32811

Title DPS
Name NWAOGWUGWU, FELITA OFFICER
Address 882 SOUTH KIRKMAN, STE 305
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: NNAMD NWAOGWUGWU

PRESIDENT

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date