2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2014
Secretary of State
CC1882471728

DOCUMENT# P05000014922

Entity Name: SOUTH LAKE PAIN INSTITUTE, INC.

Current Principal Place of Business:

845 OAKLEY SEAVER DR
CLERMONT, FL 34711

Current Mailing Address:

845 OAKLEY SEAVER DR
CLERMONT, FL 34711

FEI Number: 20-2284311

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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	PSTD	Title	D
Name	SARANITA, JULIE D.O.	Name	PAEZ, JULIO M.D.
Address	12907 TIGER LILLY COURT	Address	845 OAKLEY SEAVER DR.
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

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: JULIE SARANITA PSTD 01/08/2014

Electronic Signature of Signing Officer/Director Detail — Date