

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152266

Entity Name: PAIN MANAGMENT AND SPINE CARE CENTER, P. A

Current Principal Place of Business:

12148 CORTEZ BLVD
BROOKSVILLE, FL 34613

Current Mailing Address:

12148 CORTEZ BLVD
BROOKSVILLE, FL 34613

FEI Number: 06-1760802

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALSABBAGH, EYAD
12148 CORTEZ BLVD
BROOKSVILLE, FL 34613 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 M.D
Name ALSABBAGH, EYAD
Address 12148 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34613

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: EYAD ALSABBAGH

MANAGING PARTNER

04/27/2025

Electronic Signature of Signing Officer/Director Detail

Date