

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000024028

Entity Name: LIFE EXTENSION PAIN AND WELLNESS CENTER, INC.

Current Principal Place of Business:

1418 S. FEDERAL HIGHWAY
DANIA, FL 33004

Current Mailing Address:

1418 S. FEDERAL HIGHWAY
DANIA, FL 33004

FEI Number: 26-4473382

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EDSON, LAURENCE J
1489 W. PALMETTO PARK RD.
STE. 425
BOCA RATON, FL 33486 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 P
Name SIMS, CAROL
Address 1418 S FEDERAL HWY
City-State-Zip: DANIA FL 33004

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: /S/ CAROL SIMS

P

02/21/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date