

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000002900

Entity Name: INFINITE HEALTH & SPINE CENTER PA

Current Principal Place of Business:

201 EAST RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741

Current Mailing Address:

201 EAST RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741 US

FEI Number: 27-4524547

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEL RIO, LUIS SIII
1701 FOUR WINDS BLVD
KISSIMMEE, FL 34746 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,ST
Name DEL RIO, LUIS SIII
Address 1701 FOUR WINDS BLVD
City-State-Zip: KISSIMMEE FL 34746

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: LUIS DEL RIO

OWNER

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date