

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000002900

**Entity Name:** INFINITE HEALTH & SPINE CENTER PA

**Current Principal Place of Business:**

201 EAST RUBY AVENUE SUITE C  
KISSIMMEE, FL 34741

**Current Mailing Address:**

201 EAST RUBY AVENUE SUITE C  
KISSIMMEE, FL 34741 US

**FEI Number:** 27-4524547

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEL RIO, LUIS SIII  
201 EAST RUBY AVENUE SUITE C  
KISSIMMEE, FL 34741 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

**PRESIDENT**

**03/03/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date