

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P16000065510

Entity Name: GONZALEZ PAIN CENTER, INC.

Current Principal Place of Business:

4800 WEST FLAGLER ST
SUITE 212
MIAMI, FL 33134

Current Mailing Address:

4800 WEST FLAGLER ST
SUITE 212
MIAMI, FL 33134 US

FEI Number: 81-3510748

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FONT ANGULO, RICHELMI
4800 WEST FLAGLER ST
SUITE 212
MIAMI, FL 33134 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: RICHELMI FONT ANGULO

10/19/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FONT ANGULO, RICHELMI
Address 4800 WEST FLAGLER ST SUITE 212
City-State-Zip: MIAMI FL 33134

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: RICHELMI FONT ANGULO

PRESIDENT

10/19/2017

Electronic Signature of Signing Officer/Director Detail

Date