

2017 FLORIDA PROFIT CORPORATION 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:

GONZALEZ RUQUE, JOHANNA N
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name GONZALEZ RUQUE, JOHANNA N
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: JOHANNA N GONZALEZ RUQUE

PRESIDENT

03/28/2017

Electronic Signature of Signing Officer/Director Detail

Date