

**2021 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P16000065510

**Entity Name:** GONZALEZ PAIN CENTER, INC.

**Current Principal Place of Business:**

80 W 8TH ST  
APT 8  
HIAEAH, FL 33010

**Current Mailing Address:**

80 W 8TH ST  
APT 8  
HIAEAH, FL 33010 US

**FEI Number:** 81-3510748

**Certificate of Status Desired:** No

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

FONT ANGULO, RICHELMI  
80 W 8TH ST  
APT 8  
HIAEAH, FL 33010 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

12/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FONT ANGULO, RICHELMI  
Address 80 W 8TH ST  
APT 8  
City-State-Zip: HIAEAH FL 33010

*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**

12/08/2021

Electronic Signature of Signing Officer/Director Detail

Date