

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000087889

Entity Name: CENTER FOR PAIN AND MEDICAL REHAB, P.A.

Current Principal Place of Business:

1155 W. STATE ROAD 434, SUITE 115 #287
LONGWOOD, FL 32750

Current Mailing Address:

1155 W. STATE ROAD 434, SUITE 115 #287
LONGWOOD, FL 32750 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDISON H. WONG, MD
1155 W. STATE ROAD 434, SUITE 115 #287
LONGWOOD, FL 32750 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 DIRECTOR
Name EDISON, WONG H.
Address 1155 W. STATE ROAD 434, SUITE 115
 #287
City-State-Zip: LONGWOOD FL 32750

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: EDISON H. WONG

DIRECTOR

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date