

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000013419

**Entity Name:** NORTH LAKELAND PAIN & TRAUMA, INC.

**Current Principal Place of Business:**

5516 U.S. 98 NORTH  
LAKELAND, FL 33809

**Current Mailing Address:**

5516 U.S. 98 NORTH  
LAKELAND, FL 33809

**FEI Number:** 59-3231594

**Certificate of Status Desired:** No

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

PETRONE, GLORIA G  
5516 U.S. 98 NORTH  
LAKELAND, FL 33809 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            PRES  
Name            PETRONE, GLORIA  
Address        5516 US 98 NORTH  
City-State-Zip: LAKELAND FL 33809

*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:** GLORIA PETRONE

CLINIC  
DIRECTOR/PRESIDENT

03/02/2015

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

\_\_\_\_\_  
Date