

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013419

Entity Name: NORTH LAKE LAND PAIN & TRAUMA, INC.

Current Principal Place of Business:

5516 U.S. 98 NORTH
LAKE LAND, FL 33809

Current Mailing Address:

5516 U.S. 98 NORTH
LAKE LAND, 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
LAKE LAND, 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: LAKE LAND 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

04/28/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date