

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000047739

**Entity Name:** ADVANCED PAIN CARE, INC.

**Current Principal Place of Business:**

1921 W. MLK BLVD.  
TAMPA, FL 33607

**Current Mailing Address:**

1921 W. MLK BLVD.  
TAMPA, FL 33607

**FEI Number:** 59-3513759

**Certificate of Status Desired:** No

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

DENNISON, TATIANA CRA  
1921 W. MLK BLVD.  
TAMPA, FL 33607 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 DENNISON, STANLEY RJR  
Address 1921 W. MLK BLVD.  
City-State-Zip: TAMPA FL 33607

*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:** STANLEY R.DENNISON, JR. M.D.

**PRESIDENT**

**02/25/2015**

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

\_\_\_\_\_  
Date