

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021230

FILED
Jan 09, 2012
Secretary of State

Entity Name: PAIN & PRIMARY CARE CENTER, P.A.

Current Principal Place of Business:

702 N ALEXANDER ST.
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

PO BOX 1942
VALRICO, FL 335951942

New Mailing Address:

702 N ALEXANDER ST.
PLANT CITY, FL 33563

FEI Number: 59-3635771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOTERO, CARLOS A MD
1507 W REYNOLDS ST
SUITE A
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

BOTERO, CARLOS A MD
702 N ALEXANDER ST.
PLANT CITY, FL 33563 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: CARLOS A BOTERO MD

01/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST
Name: BOTERO, CARLOS A MD
Address: PO BOX 1942
City-St-Zip: VALRICO, FL 335951942

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: CARLOS A BOTERO MD

PST

01/09/2012

Electronic Signature of Signing Officer or Director

Date