

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106788

FILED
Mar 20, 2011
Secretary of State

Entity Name: PAIN & REHAB CENTER, INC.

Current Principal Place of Business:

21301 S TAMIAMI TR STE 130
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

PO BOX 60051
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 56-2400276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YUVIENCO, MARIA
910 WEST CAPE ESTATES CIRCLE
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: YUVIENCO, MARIA
Address: 910 WEST CAPE ESTATES CIRCLE
City-St-Zip: CAPE CORAL, FL 33993

Title: D
Name: AGRAVANTE, SOCRATES M
Address: 910 WEST CAPE ESTATES CIRCLE
City-St-Zip: CAPE CORAL, FL 33993

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: MARIA T YUVIENCO

PRES

03/20/2011

Electronic Signature of Signing Officer or Director

Date