

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 11, 2010
Secretary of State

Entity Name: PHYSIATRIC PAIN & MEDICAL REHABILITATION CLINIC, P.A.

Current Principal Place of Business:

METROWEST CENTER
882 SOUTH KIRKMAN, STE 305
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

METROWEST CENTER
882 SOUTH KIRKMAN, STE 305
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 20-0642692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NWAOGWUGWU, NNAMDI MD
PHYSIATRIC PAIN & MEDICAL REHABILITATION
SUITE 2F
ORLANDO, FL 32818 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS
Name: NWAOGWUGWU, NNAMDI MD
Address: 6388 SILVER STAR ROAD SUITE 2F
City-St-Zip: ORLANDO, FL 32818

Title: DPS
Name: NWAOGWUGWU, FELITA OFFICER
Address: 6388 SILVER STAR ROAD SUITE 2F
City-St-Zip: ORLANDO, FL 32818

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: NNAMDI NWAOGWUGWU

DPS

02/11/2010

Electronic Signature of Signing Officer or Director

Date