

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036120

FILED
Mar 23, 2011
Secretary of State

Entity Name: PAIN RELIEF CENTER OF BOCA, INC.

Current Principal Place of Business:

499 N.E. SPANISH RIVER BLVD.
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

499 N.E. SPANISH RIVER BLVD.
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-1861450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUSTEIN, ALAN A
499 N.E. SPANISH RIVER BLVD.
BOCA RATON, FL 33431 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: PRES
Name: BRUSTEIN, ALAN A
Address: 499 N E SPANISH RIVER BLVD.
City-St-Zip: BOCA RATON, FL 33431

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: ALAN BRUSTEIN

PRES

03/23/2011

Electronic Signature of Signing Officer or Director

Date