

P05000/40073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

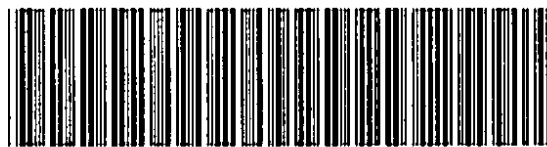
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/2012 11:02:11 AM

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RA Change

NOV 29 2012

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Pain & Wellness Centers, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000140073

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Angel V. Alban

Name of Contact Person

Florida Pain & Wellness Centers, Inc.

Firm/Company

P.O. Box 140038

Address

Orlando, FL 32814 00

City/State and Zip Code

drangelalban@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel V. Alban

Name of Contact Person

at (407)

275-9335

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JUN 12 PM 3:14

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Pain & Wellness Centers, Inc.
2. The principal office address: 5243 E. Colonial Drive, Orlando, FL 32807
3. The mailing address (if different): P.O. Box 140038, Orlando, FL 32814 00
4. Date of incorporation/qualification: 10/13/2005 Document number: P05000140073
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Angel V. Alban

5243 E. Colonial Drive

P.O. Box NOT acceptable

Orlando, FL 32807

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

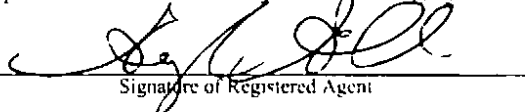
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Angel V. Alban, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

8/8/08
Date

If signing on behalf of an entity:

Angel V. Alban
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)