2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P07000090403

Entity Name: PAIN & WELLNESS INSTITUTE, P.A.

Current Principal Place of Business:

4160 NORTH ARMENIA AVE
STE B
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4160 NORTH ARMENIA AVE
STE B
TAMPA, FL 33607

New Mailing Address:

FEI Number: 26-0702661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

YAMILET, NENINGER
4160 N. ARMENIA AVE SUITE B
TAMPA, FL 33607 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: YAMILET NENINGER 04/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: NENINGER, YAMILET
Address: 4160 NORTH ARMENIA AVE SUITE B
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: YAMILET NENINGER DPST 04/06/2009
Electronic Signature of Signing Officer or Director Date