

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090403

FILED
Jan 12, 2010
Secretary of State

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:

P.O.BOX.18501
TAMPA, FL 33679

FEI Number: 26-0702661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAMILET, NENINGER
4160 N. ARMENIA AVE SUITE B
TAMPA, FL 33607 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:

01/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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: YAMILET NENINGER

DPST

01/12/2010

Electronic Signature of Signing Officer or Director

Date