2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

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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:

P.O.BOX.18501
TAMPA, FL 33679

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:

YAMILET, NENINGER
4160 N. ARMENIA AVE
SUITE.B
TAMPA, FL 33607 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: 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 P 04/07/2011

Electronic Signature of Signing Officer or Director Date