

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000114447

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** PAIN RELIEF REHAB MEDICAL CENTER, CORP.

**Current Principal Place of Business:**

3750 W 16 AVENUE  
STE: 208  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

3750 W 16 AVENUE  
STE: 208  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 26-1259118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABALLERO, AYMEE  
3750 W 16 AVENUE  
STE: 208  
HIALEAH, FL 33012 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: PD  
Name: ASCENCION, ROBERTA 100%  
Address: 3750 W 16 AVENUE STE: 208  
City-St-Zip: HIALEAH, FL 33012

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: ROBERTA ASCENCION

PD

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date