

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114447

FILED
Apr 12, 2012
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

04/12/2012

Electronic Signature of Signing Officer or Director

Date