

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000115535

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** HEALTH & PAIN CENTER INC.

**Current Principal Place of Business:**

1419 W WATERS AVE  
SUITE 121  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

1419 W WATERS AVE  
SUITE 121  
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number:** 26-1227589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALES, EARNEST  
1419 W. WATERS AVE., STE 121  
TAMPA, FL 33604 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: GONZALES, EARNEST  
Address: 1419 W WATERS AVE, STE 121  
City-St-Zip: TAMPA, FL 33604

Title: VPD  
Name: COLON, ROSA  
Address: 1419 W WATERS AVE, STE 121  
City-St-Zip: TAMPA, FL 33604

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: EARNEST GONZALES

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04/22/2011

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

\_\_\_\_\_  
Date