

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085796

FILED
Feb 21, 2011
Secretary of State

Entity Name: THE PAIN CARE PLACE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

505 S. DILLARD STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

505 S. DILLARD STREET
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 26-3380604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODWIN, VINCENT
1302 SELBYDON WAY
WINTER GARDEN, FL 34787 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: P
Name: GOODWIN, VINCENT
Address: 1302 SELBYDON WAY
City-St-Zip: WINTER GARDEN, FL 34787

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: VINCENT GOODWIN

P

02/21/2011

Electronic Signature of Signing Officer or Director

Date