

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089181

FILED
Jan 06, 2012
Secretary of State

Entity Name: PAIN CARE & REHAB. CENTER, INC.

Current Principal Place of Business:

1838 HEALTH CARE DR.
BLDG 2
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

12025 BREWSTER DR
TAMPA, FL 33626

New Mailing Address:

FEI Number: 26-3459344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANG, XINMIN
12025 BREWSTER DR
TAMPA, FL 33626 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: M.D.
Name: TANG, XINMIN
Address: 12025 BREWSTER DR
City-St-Zip: TAMPA, FL 33626

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: XINMIN TANG

M.D.

01/06/2012

Electronic Signature of Signing Officer or Director

Date