

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000095721

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

**Entity Name:** PAIN RELIEF CENTER OF ORLANDO, INC.

**Current Principal Place of Business:**

1704 WOOLCO WAY  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

10217 MARSH CIRCLE  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 80-0288971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAPIRO, LEWIS  
10217 MARSH CIRCLE  
ORLANDO, FL 32822 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: JUMMANI, RIYAZ  
Address: 2717 EAGLE DR  
City-St-Zip: ORLANDO, FL 32837

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: RIYAZ JUMMANI

O/D

04/20/2011

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

\_\_\_\_\_  
Date