2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2012
Secretary of State

DOCUMENT# P09000030869

Entity Name: ORLANDO PAIN AND REHAB CENTER, INC.

Current Principal Place of Business:

6005 SILVER STAR RD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

6005 SILVER STAR RD
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 80-0389495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELMONTE, BENJAMIN
3735 CONROY RD.
2221
ORLANDO, FL 32839 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: ESTRADA, JUANITO
Address: 3243 KENTSHIRE BLVD.
City-St-Zip: OCOEE, FL 34761 US

Title: VP,
Name: ESTRADA, LUNINGNING
Address: 3243 KENTSHIRE BLVD.
City-St-Zip: OCOEE, FL 34761 US

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: JUANITO ESTRADA P 01/15/2012

Electronic Signature of Signing Officer or Director — Date