2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# P09000040365

Entity Name: DOWNTOWN PAIN & INJURY CENTER INC

Current Principal Place of Business:

845 NORTH GARLAND AVE
SUITE 100
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

845 NORTH GARLAND AVE
SUITE 100
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 27-0213935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VITO, ARTHUR
845 NORTH GARLAND AVE
SUITE 100
ORLANDO, FL 32801 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: VITO, ARTHUR
Address: 845 NORTH GARLAND AVE, SUITE 100
City-St-Zip: ORLANDO, FL 32801

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: ARTHUR VITO MGRM 04/30/2011

Electronic Signature of Signing Officer or Director — Date