2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P10000037695

Entity Name: PAIN CARE & REHAB CLINIC, CORP

Current Principal Place of Business:

3850 SW 87TH AVE
SUITE 306-A
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

3850 SW 87TH AVE
SUITE 306-A
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 27-2484421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTENOZ, NAYIBO
3850 SW 87TH AVE
SUITE 306-A
MIAMI, FL 33165 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: ESTENOZ, NAYIBO
Address: 3850 SW 87TH AVE., SUITE 306-A
City-St-Zip: MIAMI, FL 33165 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: NAYIBO ESTENOZ P 05/01/2011

Electronic Signature of Signing Officer or Director Date