

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000060633

FILED
Jun 16, 2011
Secretary of State

Entity Name: FLORIDA PAIN CARE AND REHAB, CORP.

Current Principal Place of Business:

1456 S. SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

6005 SILVER STAR RD
ORLANDO, FL 32808

New Mailing Address:

1456 S. SEMORAN BLVD
ORLANDO, FL 32807

FEI Number: 35-2385659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SISON, BENEDICTA I
6005 SILVER STAR ROAD
SUITE 1
ORLANDO, FL 32808 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: SISON, BENEDICTA I
Address: 6005 SILVER STAR ROAD, SUITE 1
City-St-Zip: ORLANDO, FL 32808

Title: VP
Name: BALIBALOS, JENNY PEARL S
Address: 1456 S. SEMORAN BLVD.
City-St-Zip: ORLANDO, FL 32807

Title: D
Name: SISON, JORDAN PAUL I
Address: 1456 S. SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: S
Name: SISON, JOYCE MARIE I
Address: 6005 SILVER STAR RD
City-St-Zip: ORLANDO, FL 32808

Title: DIR
Name: SISON, JOBELLE ANN I
Address: 10221 CYPRESS TRAIL DR
City-St-Zip: ORLANDO, FL 32825

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: BENEDICTA SISON

P

06/16/2011

Electronic Signature of Signing Officer or Director

Date