2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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:

1456 S. SEMORAN BLVD
ORLANDO, FL 32807

New Mailing Address:

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:

SISON, BENEDICTA I
6005 SILVER STAR ROAD
ORLANDO, FL 32808 US

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: _____ 03/13/2012
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: 1456 S. SEMORAN BLVD.
City-St-Zip: ORLANDO, FL 32807

Title: DIR
Name: SISON, JOBELLE ANN I
Address: 1456 S. SEMORAN BLVD.
City-St-Zip: ORLANDO, FL 32807

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 I. SISON PRES 03/13/2012
Electronic Signature of Signing Officer or Director — Date