2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2011
Secretary of State

DOCUMENT# P10000077935

Entity Name: PAIN THERAPY CENTER, INC.

Current Principal Place of Business:

6501 NW 36 STREET SUITE 414
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

6501 NW 36 STREET
414
VIRGINIA GARDENS, FL 33166

Current Mailing Address:

6501 NW 36 STREET SUITE 414
VIRGINIA GARDENS, FL 33166

New Mailing Address:

6501 NW 36 STREET
414
VIRGINIA GARDENS, FL 33166

FEI Number: 27-3551782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORGES, GABRIEL O
6501 NW 36 STREET SUITE 414
VIRGINIA GARDENS, FL 33166 US

Name and Address of New Registered Agent:

BORGES, GABRIEL O
6501 NW 36 STREET
414
VIRGINIA GARDENS, FL 33166 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: _____ 07/22/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BORGES, GABRIEL O
Address: 6501 NW 36 STREET SUITE 414
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: GABRIEL ORTEGA BORGES PD 07/22/2011
Electronic Signature of Signing Officer or Director — Date