

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000028163

FILED
Mar 28, 2012
Secretary of State

Entity Name: SANFORD PAIN AND WELLNESS CENTER, INC

Current Principal Place of Business:

321 MANGOUSTINE AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2342 NORTHUMBRIA DR
SANFORD, FL 32771

New Mailing Address:

1863 BRIDGEWATER DRIVE
LAKE MARY, FL 32746

FEI Number: 45-0964550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEOTTA, SEAN
2342 NORTHUMBRIA DR
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

LEOTTA, SEAN
1863 BRIDGEWATER DR
LAKE MARY, FL 32746 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: KATHY LEOTTA

03/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEOTTA, KATHY
Address: 1863 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: KATHY LEOTTA

P

03/28/2012

Electronic Signature of Signing Officer or Director

Date