

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000037535

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Entity Name:** 7TH AVENUE PAIN AND REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

13936 NW 7TH AVENUE  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

13936 NW 7TH AVENUE  
MIAMI, FL 33168

**New Mailing Address:**

1550 N.E. MIAMI GARDENS DRIVE  
SUITE 305  
MIAMI, FL 33179

**FEI Number:** 45-1769965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSEN, GENE S ESQ.  
1550 NE MIAMI GARDENS DRIVE  
SUITE 305  
MIAMI, FL 33179 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: PD  
Name: GOULD, KEITH R DO  
Address: 1550 NE MIAMI GARDENS DRIVE #305  
City-St-Zip: MIAMI, FL 33179

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: KEITH R. GOULD DO

PRES

04/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date