

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000052460

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** JC PAIN REHAB & THERAPY CORP

**Current Principal Place of Business:**

2995 SW 2ND ST  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

2995 SW 2ND ST  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CEPERO MARTINEZ, JAIME  
2995 SE 2ND ST  
MIAMI, FL 33135 US

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

CEPERO MARTINEZ, JAIME  
2995 SW 2ND ST  
MIAMI, FL 33135 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: JAIME CEPERO MARTINEZ

Electronic Signature of Registered Agent

04/18/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: CEPERO MARTINEZ, JAIME  
Address: 2995 SW 2ND ST  
City-St-Zip: MIAMI, FL 33135 US

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: JAIME CEPERO MARTINEZ

Electronic Signature of Signing Officer or Director

PD

04/18/2012

Date