

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000070982

FILED  
Apr 14, 2012  
Secretary of State

**Entity Name:** PAIN TREATMENT CENTER OF FLORIDA INCORPORATED

**Current Principal Place of Business:**

201 NOLAND DRIVE  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 1427  
BRANDON, FL 33509 US

**New Mailing Address:**

**FEI Number:** 45-2933236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLOS, PETER DR.  
20325 FALLING OAK DR.  
LAND OF LAKES, FL 34638 US

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

BOLOS, PETER DR.  
20325 FALLING ROCK DR.  
LAND OF LAKES, FL 34638 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:

Electronic Signature of Registered Agent

04/14/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOLOS, PETER MD  
Address: 20325 FALLING ROCK DRIVE  
City-St-Zip: LAND OF LAKES, FL 34638

Title: VP  
Name: YACoub, EMAD DR.  
Address: 10211 FALCON TER  
City-St-Zip: SEMINOLE, FL 33778

Title: MGR  
Name: GEORGE, SIDHOM S DR  
Address: 26091 MOUNTAIN LAKE RD  
City-St-Zip: BROOKSVILLE, FL 34602

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: PETER BOLOS

P

04/14/2012

Electronic Signature of Signing Officer or Director

Date