

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000091100

Entity Name: PAINLESS CLINIC , CORP.

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18210 MEDITERRANEAN BLVD  
2004  
HIALEAH, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

18210 MEDITERRANEAN BLVD  
2004  
HIALEAH, FL 33015 US

**New Mailing Address:**

FEI Number: 45-3628394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONTALVAN, EDDY  
18210 MEDITERRANEAN BLVD  
2004  
HIALEAH, FL 33015 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: P  
Name: MONTALVAN, EDDY  
Address: 18210 MEDITERRANEAN BLVD APT 2004  
City-St-Zip: HIALEAH, FL 33015 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: EDDY MONTALVAN

P

04/05/2012

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

\_\_\_\_\_  
Date