2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P98000104936

Entity Name: PAIN RELIEF INSTITUTE, INC.

Current Principal Place of Business:

1755 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

1755 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32217

New Mailing Address:

1755 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217

FEI Number: 59-3554049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUZAURIETA, AURELIO A
2221 SEGOVIA AVENUE
JACKSONVILLE, FL 32217 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: VPD
Name: FLOREZ, GERARDO M M.D.
Address: 140 PATRICK MILL CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD
Name: MUZAURIETA, AURELIO A
Address: 2221 SEGOVIA AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

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: GERARDO M. FLOREZ VPD 01/06/2011

Electronic Signature of Signing Officer or Director Date