2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2017
Secretary of State
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Entity Name: FLORIDA PAIN & REHABILITATION INSTITUTE, INC.

Current Principal Place of Business:

5365 W. ATLANTIC AVENUE
SUITE 504
DELRAY BEACH, FL 33484-8194

Current Mailing Address:

5365 W. ATLANTIC AVENUE
SUITE 504
DELRAY BEACH, FL 33484-8194 US

FEI Number: 65-1092714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA PAIN AND REHABILITATION ASSOCIATES INC
5365 W. ATLANTIC AVENUE
SUITE 504
DELRAY BEACH, FL 33484-8194 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: CHERIAN SAJAN, MD 01/23/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT, SECRETARY, OWNER
Name	SAJAN, CHERIAN K MD
Address	5365 W. ATLANTIC AVENUE SUITE 504
City-State-Zip:	DELRAY BEACH FL 33484-8194

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: CHERIAN SAJAN, MD OWNER 01/23/2017

Electronic Signature of Signing Officer/Director Detail — Date