

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037380

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:

SAJAN, CHERIAN K MD
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 K. SAJAN, MD

03/31/2016

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 K. SAJAN, MD

OWNER

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date