2025 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 29, 2025
Secretary of State
5324652066CC

DOCUMENT# P01000037380

Entity Name: FLORIDA PAIN & REHABILITATION INSTITUTE, INC.

Current Principal Place of Business:

4960 SW 72 AVE.
SUITE 405
MIAMI, FL 33155

Current Mailing Address:

4960 SW 72 AVE.
SUITE 405
MIAMI, FL 33155 US

FEI Number: 65-1092714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JOE DAVIS, ASST. SECRET. 09/29/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT/CEO	Title	SECRETARY
Name	SAJAN, CHERIAN K.	Name	SAJAN, CHERIAN K.
Address	4960 SW 72 AVE. SUITE 405	Address	4960 SW 72 AVE. SUITE 405
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

Title	DIRECTOR
Name	SAJAN, CHERIAN K.
Address	4960 SW 72 AVE. SUITE 405
City-State-Zip:	MIAMI FL 33155

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 M.D. PRESIDENT/CEO 09/29/2025

Electronic Signature of Signing Officer/Director Detail — Date