2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 29, 2015
Secretary of State
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Entity Name: FLORIDA PAIN & REHABILITATION INSTITUTE, INC.

Current Principal Place of Business:

5400 BROKEN SOUND BOULEVARD, NW
SUITE 600
BOCA RATON, FL 33487

Current Mailing Address:

5400 BROKEN SOUND BOULEVARD, NW
SUITE 600
BOCA RATON, FL 33487 US

FEI Number: 65-1092714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAJAN, CHERIAN K MD
5400 BROKEN SOUND BOULEVARD, NW
SUITE 600
BOCA RATON, FL 33487 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 04/29/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT, SECRETARY
Name	SAJAN, CHERIAN K. MD
Address	5400 BROKEN SOUND BOULEVARD, NW SUITE 600
City-State-Zip:	BOCA RATON FL 33487

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 04/29/2015

Electronic Signature of Signing Officer/Director Detail — Date