

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157121

Entity Name: METROPOLITAN PAIN MANAGEMENT CENTER, INC.

Current Principal Place of Business:

3716 UNIVERSITY BLVD S.
JACKSONVILLE, FL 32216

Current Mailing Address:

3716 UNIVERSITY BLVD. S,
STE 1
JACKSONVILLE, FL 32216 US

FEI Number: 20-0524047

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALAH, ISMAIL D
3716 UNIVERSITY BLVD. S,
STE 1
JACKSONVILLE, FL 32216 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SALAH, ISMAIL
Address 3716 UNIVERSITY BLVD S.
City-State-Zip: JACKSONVILLE FL 32216

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: ISMAIL SALAH

PRESIDENT

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date