

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000140073

**Entity Name:** FLORIDA PAIN & WELLNESS CENTERS, INC.

**Current Principal Place of Business:**

5243 E COLONIAL DR  
ORLANDO, FL 32807

**Current Mailing Address:**

P.O. BOX 140038  
ORLANDO, FL 32814 US

**FEI Number:** 20-3660719

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALBAN, ANGEL V  
5243 E. COLONIAL DR.  
ORLANDO, FL 32807 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 PS  
Name ALBAN, ANGEL V  
Address 5243 E COLONIAL DR  
City-State-Zip: ORLANDO FL 32807

*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:** ALBAN, ANGEL

**PRESIDENT**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date