# 2018 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 00

# FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

WILDS, RANDALL 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

### Officer/Director Detail :

TitlePRESIDENTNameWILDS, RANDALLAddress5243 E COLONIAL DR.City-State-Zip:ORLANDO FL 32807

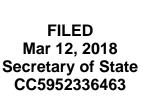
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RANDALL WILDS

PRESIDENT

03/12/2018 Date

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date