

2013 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

Certificate of Status Desired: No

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

Date

Officer/Director Detail :

Title P
Name WILDS, RANDALL
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: RANDALL W WILDS

PRESIDENT

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date