

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000081725

**Entity Name:** BOYNTON PAIN MANAGEMENT, INC.

**Current Principal Place of Business:**

1403 W. BOYNTON BEACH BLVD., #13  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

8480 WEST STATE ROAD 84  
DAVIE, FL 33324 US

**FEI Number:** 41-2246696

**Certificate of Status Desired:** No

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

DFS AGENT LLC  
1760 N JOG ROAD  
SUITE 150  
WEST PALM BEACH, FL 33411 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: SCOTT DISALVO

03/06/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, S, T, D, DIRECTOR  
Name GOELZ, KRISTA L ESQ.  
Address 75 REGAL LANE  
City-State-Zip: FREDERICKBURG VA 22406

*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: KRISTA GOELZ

PRESIDENT

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date