

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088425

Entity Name: HANLEY PAIN & REHABILITATION CENTER, INC.

Current Principal Place of Business:

5979 VINELAND ROAD
SUITE 209
ORLANDO, FL 32819

Current Mailing Address:

5979 VINELAND ROAD
SUITE 209
ORLANDO, FL 32819 US

FEI Number: 26-0645281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANLEY, ALLISON W
6400 HAWKSMOOR DRIVE
ORLANDO, FL 32818 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: ALLISON W HANLEY

04/14/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HANLEY, ALLISON W
Address 6400 HAWKSMOOR DRIVE
City-State-Zip: ORLANDO FL 32818

Title D
Name HANLEY, ALLISON W
Address 6400 HAWKSMOOR DRIVE
City-State-Zip: ORLANDO FL 32818

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: ALLISON W. HANLEY

PRESIDENT

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date