## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008711

Entity Name: FLORIDA PAIN MANAGEMENT INC.

**Current Principal Place of Business:** 

6333 - 54TH AVENUE NORTH ST. PETERSBURG. FL 33709

**Current Mailing Address:** 

6333 - 54TH AVENUE NORTH ST. PETERSBURG, FL 33709

FEI Number: 59-3291895 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HASSAN, KAZI DR. 6333 - 54TH AVENUE NORTH ST. PETERSBURG, FL 33709 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: KAZI HASSAN 07/01/2016

Electronic Signature of Registered Agent

Date

FILED Jul 01, 2016

**Secretary of State** 

CC5410788406

Officer/Director Detail:

Title PVST

Name HASSAN, KAZI MM.D.

SIGNATURE: KAZI HASSAN

Address 6333 54TH AVENUE NORTH

City-State-Zip: ST. PETERSBURG FL 33709

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.

**PSVT**