

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000060230

**Entity Name:** PAIN CONSULTANTS OF FLORIDA, P.A.

**Current Principal Place of Business:**

3990 SHERIDAN STREET  
SUITE 106/107  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

420 S. DIXIE HIGHWAY  
SUITE 4B  
CORAL GABLES, FL 33146 US

**FEI Number:** 65-0680977

**Certificate of Status Desired:** No

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

US REGISTERED AGENTS INC  
420 S. DIXIE HIGHWAY  
SUITE 4B  
CORAL GABLES, FL 33146 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 PVST  
Name LEHMANN, LANCE  
Address 13 HARBORAGE ISLE DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33316

*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:** LANCE LEHMANN

**PRESIDENT**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date