2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2017
Secretary of State
CC9949067057

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Entity Name: S.W. FLORIDA PAIN CENTER, INC.

Current Principal Place of Business:

19621 COCHRAN BLVD
UNIT #3
PORT CHARLOTTE, FL 33948

Current Mailing Address:

19621 COCHRAN BLVD
UNIT #3
PORT CHARLOTTE, FL 33948 US

FEI Number: 65-0797144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALL, BRANDI
19621 COCHRAN BLVD
UNIT #3
PORT CHARLOTTE, FL 33948 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: BRANDI BALL 02/10/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	D
Name	VALENTE, LOUIS K DR.	Name	BALL, ROBERT D DR.
Address	19621 COCHRAN BLVD UNIT 3	Address	19621 COCHRAN BLVD UNIT 3
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948

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: BALL, ROBERT D. DIRECTOR 02/10/2017

Electronic Signature of Signing Officer/Director Detail — Date