# 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V73283

Entity Name: FLORIDA PAIN TREATMENT CENTER, INC.

### **Current Principal Place of Business:**

11780 SW 89TH STREET, 3RD FLOOR MIAMI, FL 33186

# **Current Mailing Address:**

11780 SW 89TH STREET, 3RD FLOOR MIAMI, FL 33186

### FEI Number: 59-3301294

Name and Address of Current Registered Agent:

COLBERT, CARL 3001 PONCE DE LEON BLVD STE 211 CORAL GABLES, FL 33134 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

#### **Officer/Director Detail :**

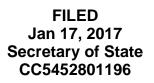
Title	PRES
Name	GONZALEZ, RUBEN MD
Address	11780 SW 89TH STREET SUITE 300
City-State-Zip:	MIAMI FL 33186

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.

PRESIDENT

SIGNATURE: RUBEN GONZALEZ

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date

01/17/2017 Date