

2013 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

Certificate of Status Desired: No

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

Date

Officer/Director Detail :

Title PRES
Name GONZALEZ, RUBEN MD
Address 802 NW 133 CT
City-State-Zip: MIAMI FL 33182

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: RUBEN GONZALEZ

PRESIDENT

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date