

**2025 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        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.

**SIGNATURE:** RUBEN GONZALEZ MD

**PRESIDENT**

**04/07/2025**

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

\_\_\_\_\_  
Date