

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009964

Entity Name: FLA MEDICAL PAIN RELIEF CENTER, LLC

Current Principal Place of Business:

12550 PINES BOULEVARD
PEMBROKE PINES, FL 33027

Current Mailing Address:

6740 TAFT ST.
HOLLYWOOD, FL 33024

FEI Number: 65-1031192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUBRAVETZ, JERRY
1753 SUGAR COVE COURT
OCOE, FL 34761 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

Authorized Person(s) Detail :

Title MGRM
Name PAIN CENTERS MANAGEMENT CO.,
INC.
Address 6740 TAFT STREET
City-State-Zip: HOLLYWOOD FL 33024

Title MGRM
Name DUBRAVETZ, JERRY
Address 6740 TAFT STREET
City-State-Zip: HOLLYWOOD FL 33024

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JERRY DUBRAVETZ

MGRM

01/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date