

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000100982

Entity Name: PAIN PHYSICIANS OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322

Current Mailing Address:

7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322 US

FEI Number: 45-3912103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DIRECTOR, PRESIDENT, SECRETARY,
TREASURER

Name LOSKOVE, M.D., JOSEPH

Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322

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: JOSEPH LOSKOVE, M.D.

PRESIDENT

04/29/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date