

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000100982

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

Current Principal Place of Business:

1613 N. HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323

Current Mailing Address:

1613 N. HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323

FEI Number: 45-3912103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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 DPST
Name GREENFIELD, ANDREW MD
Address 1613 N. HARRISON PARKWAY
City-State-Zip: SUITE 200 FL 33323

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: ANDREW GREENFIELD

PRESIDENT

04/01/2013

Electronic Signature of Signing Officer/Director Detail

Date